PROVINCE OF PRINCE EDWARD ISLAND

DEPARTMENT

OF

HEALTH AND SOCIAL SERVICES

SIXTH ANNUAL REPORT

1985 - 1986

Honourable Keith Milligan, Minister

87-04469/

SIXTH ANNUAL REPORT

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

Province of Prince Edward Island

1 April 1985 to 31 March 1986

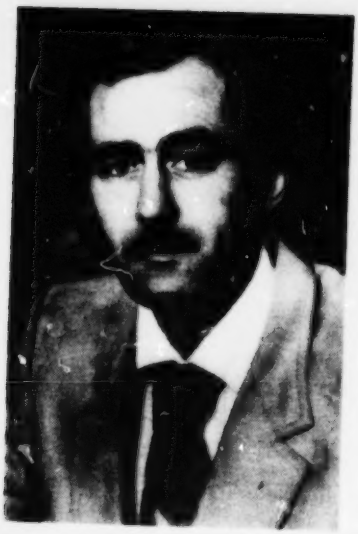
TABLE OF CONTENTS

Minister's Letter to the Lieutenant Governor 3
Organizational Chart 5
Departmental Legislation 7
Letter Submitting Report by Deputy Minister 9
Report of Director of Oncology 10
Report of Director of Dental Public Health 11
Report of Director of Community Hygiene 14
Report of Director of Mental Health 17
Report of Director of Community Mental Health Services 18
Report of Director of Pharmacy Services 22
Report of Director of Policy and Planning Unit 23
Report of Director of Nursing 25
Report of Director of Community Rehabilitation 30
Report of Director of Child and Family Services 37
Report of Director of Aging and Extended Care 49
Report of Director of Management Services 55
Report of Director of Emergency Welfare Services 58
Report of Chairman of Welfare Assistance Appeals Board 59
Report of Director of Home Care and Support 60

Appendix

Revenue and Expenditure Summary 67

NOTE: Reports of the Prince Edward Island Hospital Services Commission and the Prince Edward Island Health Services Commission are printed separately.



Charlottetown
Prince Edward Island
March 31, 1986

The Honourable Lloyd G. MacPhail
Lieutenant Governor of Prince Edward Island

May It Please Your Honour:

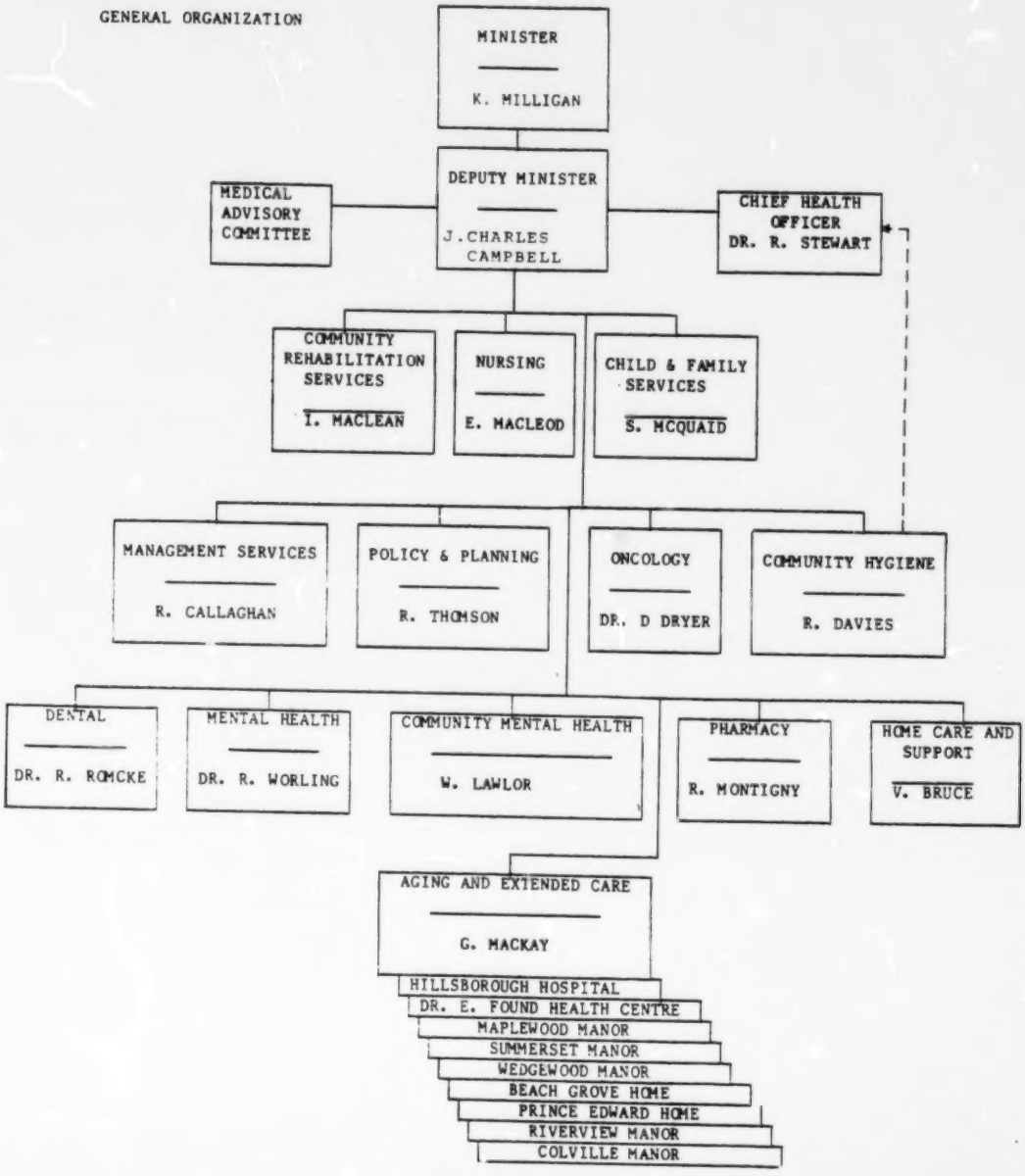
I beg to submit, herewith, for your consideration the sixth annual report of the Department of Health and Social Services for the fiscal year ended March 31, 1986.

I have the honour to be,
Sir,
Your obedient servant,

Keith Milligan
Minister of Health and Social Services

P.E.I. DEPARTMENT OF HEALTH AND SOCIAL SERVICES

GENERAL ORGANIZATION



DEPARTMENTAL LEGISLATION

1. Addiction Services Act
2. Adoption Act
3. Change of Name Act
4. Child Care Facilities Act
5. Children's Act
6. Chiropractic Act
7. Community Care Facilities and Nursing Home Act
8. Cornea Transplant Act
9. Dental Profession Act
10. Dental Student Loan and Dental Practice Establishment Loan Act
11. Dispensing Opticians Act
12. Drug Cost Assistance Act
13. Family & Child Services Act
14. Health Services Payment Act
15. Hillsborough Hospital Act
16. Hospital and Diagnostic Services Insurance Act
17. Hospitals Act
18. Human Tissue Gift Act
19. Licensed Nursing Assistants Act
20. Marriage Act
21. Medical Act
22. Mental Health Act
23. Nurses Act
24. Old Age Assistance Act
25. Optometry Act
26. Pharmacy Act
27. Practice of Physiotherapy Act
28. Premarital Health Examination Act
29. Provincial Sanatorium Act
30. Public Health Act
31. Queen Elizabeth Hospital (Amalgamation) Act
32. Registered Occupational Therapists Act
33. Rehabilitation of Disabled Persons Act
34. Venereal Diseases Prevention Act
35. Vital Statistics Act
36. Welfare Assistance Act
37. White Cane Act

Charlottetown
Prince Edward Island
March 31, 1986

Honourable Keith Milligan
Minister
Department of Health and Social Services
P.O. Box 2000
Charlottetown, Prince Edward Island

Honourable Minister:

I have the honour to submit to you the sixth annual report for the Department of Health and Social Services for the period April 1, 1985 to March 31 1986.

Respectfully submitted,

J. Charles Campbell
Deputy Minister

DIVISION OF ONCOLOGY SERVICES

D. E. Dryer, M.D., F.R.C.P.C., Director

The Division of Oncology Services provides consultations in oncology, drug treatment of cancer, follow-up of patients previously treated for malignancy, and compilation of information on the incidence and mortality of malignancy disease in Prince Edward Island.

The Out-Patient Oncology Clinic is located in the Special Services area of the Queen Elizabeth Hospital. One day a week a similar clinic is held in the Out-Patient Department of the Prince County Hospital.

Intravenous chemotherapy is administered either by a specialized oncology nurse or by the patient's physician. Virtually all drug treatment in the Queen Elizabeth Hospital is performed by the Oncology Nurse. Most treatments consist of multiple intravenous drugs.

Statistics:

Number of consultations/referrals		407
Number of patients receiving chemotherapy		130
Queen Elizabeth Hospital	104	
Prince County Hospital	18	
Both Hospitals	8	
Number of intravenous chemotherapy treatments		519
Number of patient reviews/investigations		2,171
Number of patients referred off-island		31
(Most off-Island referrals were for complex radiation treatment or special investigations not available in P.E.I., e.g., CAT scanning)		
Number of patients receiving hormone treatment only		52
Queen Elizabeth Hospital	36	
Prince County Hospital	16	

The majority of patients requiring radiation treatment were referred to Dr. W. T. Hooper at the Queen Elizabeth Hospital.

The Division provides cancer incidence data to Statistics Canada. The sources of information are pathology reports provided to the Division by the Department of Laboratories of the Queen Elizabeth Hospital and a monthly list of cancer deaths from Vital Statistics.

It is anticipated that the entire Registry as well as record files will be computerized early in 1987. The easy availability of such data should provide easy access to data for cancer incidence and mortality in Prince Edward Island for studies that may be generated from such.

DIVISION OF DENTAL PUBLIC HEALTH

R. G. Romcke, D.D.S., D.D.P.H., F.R.C.D.(C), Director

Purpose

The purpose of the Dental Division is to assist Prince Edward Islanders to achieve and maintain good dental health. Major activities include the Children's Dental Care Program and the Preventive Orthodontic Program.

The Division's administration offices and the Preventive Orthodontic Clinic are located in the Sullivan Building, while four large mobile dental clinics operate in various centres throughout the province. Dental Clinics are also operated at the Summerside Health Centre and the St. Jeans' Elementary School in Charlottetown. In addition, Preventive Dental Clinics are operated on a part-time basis in Tignish, O'Leary, Crapaud, Morell, Souris, Montague and Murray River.

The Children's Dental Care Program has as its objective, the achievement and maintenance of good dental health by all children in the province. The program commenced in 1971 with six year old children. The original plan called for the addition of one or two age groups each year until all children up to age 18 were covered.

The plan was followed until June 1981 when three year olds were removed from the program and further expansion was postponed. The program covered children aged 4-16 until April 1983 when a major cutback removed children aged 13-16 years. As a result the program now covers children aged 4-12 years.

The program provides dental health education, preventive services and dental treatment in mobile and permanent Department of Health and Social Services Clinics and in private dental offices in a total of fifteen centres throughout the province. Extensive case finding and follow-up procedures are utilized to ensure that all eligible pre-school and school-aged children receive regular care beginning at an early age.

Dental Health Education is provided to parents and children in all clinics. Dental hygienists give presentations in schools, kindergartens and to youth and other groups. During the year division staff visited day care centres and elementary schools in the province and participated in a variety of health promotional activities.

Preventive Dental Services are provided in all mobile and fixed dental clinics and in preventive clinics which operate throughout the province. Preventive services include the topical application of fluoride and fissure sealants. In 1985-86 a total of 12,571 children received preventive services at fifteen centres.

Dental Treatment is provided in Department clinics and by private dentists in various centres throughout the province. During 1985-86 a total of 14,222, received dental treatment. Of this number, 8,622 were treated by private dentists while 5,600 were treated in Department of Health and Social Services Clinics.

Progress Toward Objective

In 1971, when the program commenced, the dental health of children in the province was deplorable. The average child had two infected teeth with seven additional teeth requiring large restorations (fillings). Regular dental care was being received by only 20% of school-aged children and 5% of pre-school children.

In 1982, the long range objective of the children's dental care program; namely, good dental health for all children, was achieved. Approximately 90% of all children were receiving dental care on a regular basis, the extraction of teeth due to dental caries was a

rare occurrence and children required an average of just over one dental restoration each year. Essentially all children had good dental health.

Present Status of Children's Dental Health

Essentially all children 12 years of age and younger are receiving regular dental care and have good dental health.

As a result of the program cutback in April 1983 many children aged 13-16 years have not received any dental treatment or preventive services since 1983, and have developed serious dental problems. Many other children will have similiar problems in the near future.

Reports from dentists throughout the province suggest that approximately 50% of teenaged children in rural areas and 40% of teenaged children in urban areas are not receiving regular dental treatment. There have been a few reports of children with very extensive treatment needs and of teeth being extracted as a result of lack of treatment. There is little doubt that the majority of children not receiving regular dental care will accumulate carious teeth and will eventually require the extraction of teeth.

The Preventive Orthodontic Program provides preventive and interceptive orthodontic services to children covered under the Children's Dental Care Program. The objectives of the program are to provide good function and acceptable appearance using simple methods, thereby eliminating the need for complex orthodontic treatment at a later date.

This program provides services to approximately one-third of all children at one time or another. Each year children are referred to the clinic by private dentists and clinic dentists.

During 1985-86 a total of 1,691 children attended the preventive orthodontic clinic. Of this number, 376 children were treated with orthodontic appliances.

Dental Manpower

The province has an adequate supply of dentists who are well distributed throughout the province. There is also an adequate supply of dental hygienists and dental assistants in all areas of the province. Present indications are that a surplus of dentists will develop over the next few years.

Fissure Sealants

Fissure sealants are plastic films which are used to cover the fissures and groves of the biting surfaces of teeth and thereby prevent dental caries and the resulting need for restorations on these surfaces.

A demonstration project to assess the long-term effectiveness of fissure sealants has been in operation for the past seven years. The results have been most favorable.

Fissure sealants have been gradually introduced in all Department Clinics with excellent results. The number of permanent molars requiring restorations has been very significantly reduced.

During the past year two major initiatives were undertaken to make the benefits of fissure sealants available to more children. Special fissure sealant clinics for 12-14 year old children were held throughout the province. These clinics were operated by Department staff.

The second initiative is a two year demonstration project in which private dentists provide fissure sealants for their younger patients. Initially, fissure sealants will be provided to

5-7 year olds. During the second year of the project children 5-8 years of age will be involved. The project was introduced at a fissure sealant seminar presented by the Department. The seminar was attended by 100 dentists, dental hygienists, dental assistants and dental assisting students.

Through these and other initiatives the benefits of fissure sealants will eventually be available to all children.

SUMMARY OF PREVENTIVE SERVICES

	Number of Children	
	1984/85	1985/86
Total for 16 centres	13,293	12,000

SUMMARY OF FISSURE SEALANT SERVICES FOR OVERAGED CHILDREN — 13-14 YEARS

	Number of Children
	1985/86
Number of children	1,943

SUMMARY OF TREATMENT SERVICES

	Number of Children	
	1984/85	1985/86
Public Health Clinics	6,585	5,600
Private Dentists	8,465	8,622
	15,050	14,222

PREVENTIVE ORTHODONTIC CLINIC

	Number of Children	
	1984/85	1985/86
Children attending	1,615	1,691
Children treated with appliances	440	376
New children assessed	538	555
Children completed	585	655

DIVISION OF COMMUNITY HYGIENE

Richard J. Davies, B.Sc., CPHI(C), Director

Purpose:

The mandate of the Division of Community Hygiene is to promote and establish, through education, consultation and inspection standards which are in keeping with the Public Health Act of Prince Edward Island and its Regulations.

With this objective, the Division of Community Hygiene has defined all its inspection programs under seven distinct categories. These categories are Food Protection, Occupational Health, Recreational/Institutional, Accommodations, Environmental Health, Education and Consultation.

Program: Food Protection

This area of responsibility includes such services as inspecting grocery stores, slaughterhouses, eating establishments and licensed premises. Services provided by the Division in the course of these inspections are: consultation to operators, approval and evaluation of plans for new and existing buildings, sampling and analysis of the drinking water supply, general inspection to ensure compliance with recommended standards of housekeeping procedures, maintenance and foodservice sanitation, routine swabbing of utensils and equipment for bacteriological analysis, and the investigation of complaints concerning foodservice sanitation or suspected foodpoisoning incidents.

Total Inspections — 2,500

Type of Inspection	1984/85	1985/86	% Increase (Decrease)
MANUFACTURING			
Retail Grocery Stores	350	300	(14%)
Slaughterhouses	211	210	-
Milk Plants (In-Depth)	9	1	(90%)
Milk Samples	300	90	(70%)
CONSUMER			
Eating Establishments	2,300	1,900	(17%)
Swab Samples	500	300	(40%)
Licensed Premises	200	200	-
Swab Samples	300	250	(17%)

Program: Accommodations

This area of responsibility includes such services as investigating rental accommodation complaints, summer trailer courts, tenting and campgrounds, and tourist accommodations.

Total Inspections — 1,620

Type of Inspection	1984/85	1985/86	% Increase (Decrease)
PERMANENT			
Apartments, Rooming Houses	190	170	(12%)

Rental Accommodation inspections are conducted following a complaint from either the tenant or the Provincial Rentalsman.

TEMPORARY			
Tourism Establishments Hotels, Motels, Cottages and Campgrounds	1,025	1,450	41%

Occupational Health problems are referred to the Division by employees of business and Government, for investigation. The Division works in close operation with Medical Services, Health Protection Branch of Health & Welfare Canada. All chemical analysis and some scientific equipment used in these investigations is made available by this Federal Government Agency.

	1984/85	1985/86	% Increase (Decrease)
Total Inspections	40	34	(15%)

The types of problems investigated in the Occupational Health Analysis Program were:

- testing for levels of various gases.
- indoor air quality.
- analysis for various fibre content.
- checking ventilation systems within buildings.

Program: Recreational/Institutional

These facilities are inspected to ensure they comply with the Public Health Act and Regulations, as well as other provincial legislation. Facilities include schools, day care centres, institutions and hospitals, nursing homes and swimming pools/saunas.

Total Inspections - 335

Type of Inspections	1984/85	1985/86	% Increase (Decrease)
Child Care Facilities	170	180	6%
Schools	50	45	(10%)
Nursing Homes	45	35	(20%)
Institutions/Hospitals	60	45	(25%)
Swimming Pools/Saunas	90	30	(67%)

Program: Environmental Health

The Division receives enquiries and complaints concerning environmental health problems. These complaints include rodents and insects, pesticides, air pollution, dead

animals, agricultural wastes, water, garbage, solid wastes and toxic chemicals. All complaints and enquiries are given priority in their investigation.

Total Inspections - 565

Type of Inspection	1984/85	1985/86	% Increase (Decrease)
Complaints	260	300	15%
Enquiries	160	265	65%

Examples of complaints which were referred by the general public would be:

- family housing 20 — 30 animals.
- rat infestation in home.
- uninhabitable dwellings.
- investigation of dead carcass left on roadside.

Examples of enquiries are:

- old stock in retail outlet.
- requests and interpretation of various regulations under the Public Health Act.
- requests for copy of Sanitation Code.
- how to eliminate presence of various insects.

Program: Education

This program consists of both public and professional education. Education is a component of all Divisional programs. Owners and employees of the various facilities are taught proper foodservice sanitation procedures.

Four National Sanitation Training Programs were conducted for 93 people. This brings to 1,633 the number of Island foodservice people who have successfully completed this Course. Other groups who received educational instructions from the Division include students at the Culinary Institute and Licensed Nursing Assistants students.

In addition, there are in-service education programs for the Community Hygiene Health Officers.

Health Orders

The Division was obliged to serve eight Island establishments with a Health Order for the closure of premises (Eating establisment, rental accommodations, water supply, possible poisoning of dairy herd). Health Orders are issued only in the severest of circumstances where an inspection reveals gross violations of the regulations or where there exists a possibility that people's lives could be in jeopardy.

85:01	Eating Establishment	Failure to submit building plans.
85:02	Property Complaint	Potentially injurious to public health and offensive to the general public.
85:03	Trailer Home	Uninhabitable living conditions.
85:04		
85:05	Dairy Herd Problems	Chemical poisoning — Contaminated milk.
85:06	Water Supply	Drinking water unsafe for human consumption.

85:07 Septic Tank System. . . . . .Septic tank system was malfunctioning thereby being potentially injurious to public health.

85:08 Animal Complaint . . . . . .Sale of turtles banned.

Conclusion

As can be seen by this report, a dramatic reduction of inspections took place in eating establishments, retail grocery stores, nursing homes, institutions/hospitals and swimming pools. While fewer complaints were received from permanent accommodations and occupational health problems, the reverse trend is noticed in environmental health complaints and enquiries.

The reduction of inspections can be partly attributed to a Community Health Officer leaving the Division and there being a 13 week delay in replacing him. Secondly, the replacement Community Health Officer required a period of re-training which compounded the problem. Thirdly, the 65 percent increase in enquiries and 15 percent in complaints took a great amount of the Division's time to investigate and resolve.

The Division continues to be under-staffed. This province has the fewest Community Health Officers per capita (1:25,000) vs (1:12,000) of any jurisdiction in Canada. At the same time the Division of Community Hygiene has the largest mandate in terms of work, of any similar provincial organization.

DIVISION OF MENTAL HEALTH

Robert V. Worling, M.D., F.R.C.P., Director

Demand for psychiatric service continued to increase during the 1985-86 fiscal year. Occupancy rates for psychiatric beds at the Queen Elizabeth Hospital's Psychiatric Unit 9 averaged 99.1% with a high of 107% peaking in March of 1986. By permitting some recovering patients a temporary week-end leave, emergency admissions were accommodated.

Prince County Psychiatric Unit

Designation of the 16-bed (plus 4 beds in "Medicine") Prince County Psychiatric Unit as an "involuntary patient" facility is in process.

Mental Health Act Review

An urgent need for a review of the Mental Health Act continues. Meetings on this were discontinued with no conclusions drawn.

Psychiatric Consultations

Doctor Pamela Forsythe continued to provide psychiatric consultations to McGill Day Treatment unit and the Richmond Centre with approximately 6 sessions per month. Doctor Angus Beck provided psychiatric consultations to the predischarge Unit at Hillsborough Hospital, to Kings County, and also to Richmond Centre with approximately 14 sessions per month.

Doctor Robert Worling provided weekly psychiatric services to the West Prince area in addition to serving in the Summerside clinic. He also served on various committees in

place of Dr. Wolf Leon, Physician-in-Chief, Hillsborough Hospital, who is currently on sick leave. Doctor Worling also participated in the Hillsborough Role Study, initiated to determine the direction of Hillsborough Hospital and Special Care Centre for the next 5-10 years.

COMMUNITY MENTAL HEALTH

William Lawlor, M.S.W., Director

The mandate of the Community Mental Health Division is:

To provide a broad range of community-based mental health services to individuals, families, groups, and communities.

To:

i) Identify and provide for preventive services to those at risk of developing mental health problems; *

ii) Provide for assessment of and intervention for resolution of mental health problems;

iii) Provide for support and rehabilitation services for those suffering from mental health problems.

Through the:

i) Utilization of direct, indirect, and community development activities.

* A mental health problem is an emotional, behavioural, or cognitive display which impedes the individual's ability to function within work, social, and/or family relationships.

Programs and Services

Individuals and families experiencing emotional and mental disorders are offered a wide range of professional services, including direct treatment as well as assessment and consultation. This was achieved through a variety of modalities including individual, marital, family, and group approaches. Psychometric testing was available in each county.

Three multi-disciplinary teams of professionals from psychiatry, social work, psychology, psychometry, nursing, and occupational therapy provided Island-wide community mental health services.

Staff from the Summerside and the Montague teams also provided regular visiting services to O'Leary, Alberton, and Souris respectively, to administer long-lasting, anti-psychotic medication to After Care clients.

The McGill Day Treatment Unit continued to operate as a regular day program in addition to administering medication in the After Care Program.

The After Care Program continued to provide formerly hospitalized patients not only with medication but with continuing support and monitoring in the three counties in six locations, i.e., Alberton, O'Leary, Summerside, Charlottetown, Montague, and Souris.

209 persons received After Care
2,685 injections were administered

Referral Sources

As in other years, main referral sources continued to be psychiatrists and other medical professionals, followed by self, family, and other community agencies.

Presenting Problems

Depression remains the main presenting problem followed by anxiety, marital and family problems, and long-term emotional disabilities.

Director Service Statistics

Demand for service increased over the 1985-86 fiscal year:

Persons receiving services:	2,040	(1,911 in '84/85)
Number of New Clients:	1,009	(975 in '84/85)
Number of Therapy Sessions:	10,367	(9,412 in '84/85)

Consultation Services

Community Mental Health staff contributed 1,032 consultation hours during 1985-86. Each of the three multi-disciplinary teams, plus the staff of McGill Day Treatment Unit provided mental health consultation services to various groups, government departments, and community agencies, i.e., physicians, Child and Family Services Division of the Department, the Department of Justice, and the Protestant Family Services Bureau, to name a few.

Education/Information Services

As in previous years, staff continued to provide educational presentations to the community on such topics as suicide prevention, stress management, burn-out, and treatment of various mental health problems.

Specially designed education programs for adolescents, women, and other special interest groups were also provided.

Staff participated in presentations to various groups including the John Howard Society, Canada Employment and Immigration, the P.E.I. School of Nursing, the Canadian Mental Health Association, and Allied Youth, to cite a few examples. A special job preparation program sponsored jointly by the Civil Service Commission and Employment Canada also featured in the Division's education program. Sessions were also conducted for the Rape Crisis Centre, and the Department of Justice' Victims of Violence program,

Number of Presentations in 1985/86:	78
Number of Persons Attending:	1,516

Staff Changes

William Lawlor, M.S.W., formerly Acting, was appointed Director of Community Mental Health in June, 1985.

Emmett Bradley, M.S.W., assumed the position of Program Director, Community Mental Health Services, Queens County, in early Fall, 1985. Formerly a senior social worker with the Division serving on the Charlottetown Team, Mr. Bradley also has extensive experience in the field of community mental health.

David Henry was appointed Program Director of Community Mental Health Services for Prince County in late Fall, 1985. A graduate of the Master of Social Work program, Carlton University, Ottawa, Mr. Henry has extensive experience in the mental health field, particularly with children and adolescents. He served formerly as consultant to the Social

Services Department, New Brunswick, as Executive Director of the Patricia Centre for Children and Youth, Northwestern Ontario, and as Co-ordinator and founding member of the Teen Family Program, Thunder Bay, Ontario. He replaced Roy Griffin who accepted the position of Regional Director, Health and Social Services, Kings County.

John MacMillan, formerly a social worker with the Summerside Community Mental Health team was appointed social worker on the Charlottetown Team, replacing Mr. Emmett Bradley.

Doctor Alan MacLeod, Psychologist, Prince County C.M.H. Services, resigned in December 1985 and recruiting began for his replacement.

Review of Community Mental Health Services Program

A need to review the structure and program directions of the Community Mental Health program was identified. In the review a number of managerial and program changes were also recommended. The role of Team Coordinator was given a greater emphasis in the managerial area for accountability and direction for the teams. Consequently the title Team Coordinator was changed to Program Director and increased emphasis focused on providing more programmed service to specific populations.

The mandate and philosophy of the program was also reviewed and changes recommended.

Staff Development and Training

The Professional Development Committee devised a series of Staff Training Days covering CASE MANAGEMENT, ASSESSMENT, and TREATMENT. Presentors included Community Mental Health staff as well as consultant psychiatrist, Dr. Angus Beck.

KINGS COUNTY COMMUNITY MENTAL HEALTH TEAM

Over the last two years, with the cooperation and support of Dr. Angus Beck, the team managed to successfully discharge several clients in the After Care Program, and suspend medication entirely in some cases. This was made possible also by assisting clients in the acquisition of life skills and by assisting some to prepare for and obtain employment. However, demand for service continues to increase in the county as a whole.

Staff initiated a Parent Training course in Georgetown and also assisted the newly opened Hospice facility with training. They were also involved in a committee to examine the implications of the needs of the Young Offenders' Act on services in the Kings County area. Staff also provided education and information services to the Foster Parents' Association.

A problem of suitable space for the Kings County Community Mental Health Team remained a difficulty over the last year. Plans were formulated to attempt to provide space for the team within the next fiscal year.

PRINCE COUNTY COMMUNITY MENTAL HEALTH TEAM

There were many changes for the Team over the last year due in part to the resignation of the Coordinator and the Psychologist. As in the other counties, demand for services increased. A new Program Director was appointed in November, 1985.

Preliminary negotiations to set up a regular clinic on Lennox Island began in early Spring 1986, with the cooperation of the Lennox Island Indian band and the Prince County Community Mental Health Team.

There were space problems for the team within the Prince County area as well. Space difficulties resulted in a lack of adequate space to provide the level of program required and a confidentiality problem for clients, as well as creating organizational difficulties for the team.

An ad hoc committee to examine the re-establishment of an interagency committee for the Summerside area convened for the first time in April 1985, and contacts with over 40 resource persons established.

QUEENS COUNTY COMMUNITY MENTAL HEALTH TEAM

A heavy demand for service continued and increased service was provided at a time when there were several staff vacancies on the Team, thus creating considerable pressure on personnel.

Staff continued liaison roles with various agencies including the Protestant Family Services Bureau, the Canadian Mental Health Association, and the psychiatric unit (Unit 9) of the Queen Elizabeth Hospital.

Staff also continued to meet with various groups and individuals to discuss issues, assist with policy planning, and participate in meetings and programs, including discussions on mutual concerns related to the Social Services branch of the Department.

McGILL DAY TREATMENT UNIT

Demand for service remains constant. A new support group for former clients needing continued weekly contact began in April, 1985. Operated by Doctor Pamela Forsythe and one psychiatric nurse, the objective is to assist clients to remain in the community. The establishment of this group permitted the acceptance of more referrals in the regular program.

A pre-discharge group operated throughout the year to prepare those clients who had completed the program to assume independent living.

An increase in the number of single parent clients was noted and presenting problems appear to be multi-problem rather than single issues.

A demand for increased individual counselling was also apparent throughout the year.

PHARMACY SERVICES DIVISION

L. Roger Montigny, B.Sc.(Pharm.), R.P.E.B.C., Ph.C., Director

The major function of the Division of Pharmacy Services, within the Department of Health and Social Services, is to procure and provide pharmaceuticals and immunization agents for established prescription drugs, institutional and immunization programs at a minimal cost to the Province.

As in previous years the Division continues to assist in the health care of approximately 13,000 citizens providing professional services in the areas of dispensing, monitoring and consultation of drugs for the optimum benefit of such programs as:

General Welfare Assistance Program
Mental Health Program
Diabetes Control Program
Programs with significant special requirements

The monitored dose system implemented in 1984 has enriched services in the institutional area; the system offers simplicity in monitoring, accuracy and professionalism. This system is successfully in use at Wedgewood and Riverview Manors. Progress has been impeded in establishing the same monitored dose system for other Institutions because of professional manpower shortage and funds.

The first edition of the Government Formulary was released in the Summer of '85, adherence to the Formulary has been tedious and continuity difficult because of changes in prescribing habits and formulation of new drugs. The revision scheduled for the Fall of '85 has been rescheduled for the Fall of '86 again due to staffing shortages.

Negotiations with the P.E.I. Pharmaceutical Association are still in progress regarding services provided on behalf of the Province; lack of cooperation from the Association has slowed completion of the task.

The Division's staffing arrangements were disrupted for four months in November of 1985 due to the resignation of Mr. Sean Cheverie. We anticipate filling this position in the new fiscal year.

The Division of Pharmacy Services is located in the Sullivan Building and has a satellite pharmacy at Hillsborough Hospital.

POLICY AND PLANNING UNIT

Rob Thomson, Director

This is a tiny group of researcher-planner-analysts who help the Department's executive and its operating divisions, and in a less direct way the Hospital and Health Services Commissions, with

- Background information
- Computerized information system development
- Program planning and evaluation
- Policy analysis and development
- Legislative matters
- Administrative assistance
- 'Sounding-board' advice

As a broker of information, the Unit handled scores of inquiries from other Departments, other provinces, federal government, the media, professional and community groups, students and other citizens. The questions ranged all over the health and social services system, from what programs serve youth to the meaning of age-standardized cancer rates. Someone is always conducting an inter-provincial survey; departmental views or facts were sent back concerning psychogeriatric services, ombudsman and a pile of other subjects including "use of the mental deficiency nurse". Briefing materials were prepared for a half-dozen Ministers' and Deputy Ministers' conferences, and for meetings with various professional groups and other organizations. Sample topics were Canada Health Act, pension reform, AIDS, organ transplantation, VRDP. There were also presentations and summaries and updates of assorted departmental developments like legislation and payment rates. Lots of statistics were compiled — on expenditures, population groups, family patterns, caseload characteristics and so on. There were digests of reports on subjects from PCB waste management to artificial reproduction.

The Unit has a specialist whose main work is to bring about the creation of any new computerized information system. She carried out a department-wide inventory and evaluation of each division's needs for new or improved systems. That resulted in concentration on designs for Oncology, Aging and Extended Care, and the new Home Care and Support Division. But many other jobs were being done along the way: planning a database for Job Creation; modifying home care nursing reports; participating in a national process to convert congenital anomalies reporting to a more standardized and automated scheme; helping the Red Cross Blood Service with its computer use. Besides the developmental work, there were frequent assignments to compute special-purpose sets of data - to produce an estimate, for instance, of the cost of altering the homemaker fee scale.

Two planning projects stand out in importance. The shaping of Home Care and Support was completed and help was given in the early stages of implemetation. Secondly, there was general design — and recurrent redesign — of a drug cost assistance program for the elderly. Pharmacy services got attention in other ways too: some help with staffing options in view of a pharmacist shortage, and investigations of several possibilities with regard to converting the Department's out-patient system to mail-out only; shifting nursing home dispensing more toward local retail; and an assistance program for any person with severe hardship costs. The Unit analysed possible office-space use in a new Souris hospital, the feasibility of microfilm retention for decades-old tuberculosis records, procedures for reporting notifiable diseases, the effect of and future directions for the JCP program. A proposal was written for a departmental communications/media-development specialist. Staff helped set admission criteria for the Found Center and in priorizing recommenda-

tions from several study groups regarding service needs for mental retardation, mental health, physically disabled and other community-agency projects; the study group on mental health services was led by a Unit person. A consultant study of extended care bed requirements in West Prince was designed, overseen and analysed. There was the annual preparation of the Department's "New Initiative" proposals — developing the descriptions with divisions, then helping appraise the scores of needs and ideas for program improvements to be submitted for Government budget consideration. A number of these and other proposals were investigated for federal C.A.P.-sharing potential. A staff person was seconded for a six-week study of the Civil Service Commission's staffing process.

The Unit deals in policy-type matters big and small, from visions of future demographic implications down to daily operational guidelines for mental retardation workers. There was an outline of outstanding issues for the Provincial Pharmacy, examination of whether a physician dispensary could participate in the W.A. drug program, a weighing of the need and options for a senior drug plan, and an assessment of PEI implications of the Eastman report on the Canadian pharmaceutical industry. Small seminars were held on the future of privatization and on major issues and directions in the health system. There was some help with allocating responsibilities and relationships between divisions regarding mental retardation programs. Many of the policies for extended care were debated — the mix of public and private operation, the ratio of light to heavier nursing care, appropriate levels of quality and rates — and that examination included comparative research in the Nova Scotia, New Brunswick and Ontario systems. This related to another task: helping to determine appropriate Welfare Assistance rates for certain types of room-and-board with different degrees of care. Several issues concerning liability insurance and compensation were followed, as were a number of federal-provincial matters such as implementation of the Canada Health Act and implications of the Canadian Jobs Strategy for welfare assistance and J.C.P. A federal request for a certain loosening-up in provincial approach toward Privacy and Access to Information Acts had to be thought out. Another federal relations item was a look at responsibility for local mental health service on an Indian reserve. Assessments were made of per-diem vs. annual-grant funding for a transition house; of the desirability of a distinctive financial-assistance pension program for disabled persons; of the suggestion that general-practice physicians be exempted from the Optometry Act for the purpose of doing vision refractions; of PEI's legal position regarding registration of a child's surname; of the idea of using the taxation system as an instrument for promoting social policies.

Although it does not often show big results, or even get used, there is always a lot of legislative work in a department responsible for three dozen statutes. Amendments to the 1985 *Community Care Facilities and Nursing Home Act* were negotiated both during its passage and again a half-year later. A new *Child Care Facilites Act* was drafted and new regulations were enacted to overhaul facility and program standards and also create staff certification. Amendments were prepared for both *Mental Health Act* and Regulations. There was a small change regarding academic admission standards under the L.N.A. Regulations, and the familiar matter of amending the *Licensed Nursing Assistants Act* was revisited, as was the question of denturist legislation. The concept for an Adult Protection statue was proposed, and a draft Child Status bill critiqued. Some *Marriage Act* forms were altered, and there was another look at repealing the *Premarital Health Examination Act*. There was productive work with operators on some contentious features of the draft Nursing Home Regulations, and also with ANPEI on Registration Regulations under the *Nurses Act*. A proposal to separate the negotiations element out of that statute was appraised, as was one to have the *Evidence Act* give special treatment to the confidentiality of hospital peer-review committees. Work began on Standards Regulation under the *Pharmacy Act*. Advice was given on how legally to provide for ambulance operators performing defibrillation. There was also advice on three threatened legal actions connected with L.N.A., Adoption and Vital Statistics legislation. In fact, several amendments to the *Vital*

Statistics Act were drafted, of which one was subsequently enacted so as to allow options for choice of a child's surname. A final critique was done of federal regulations under the *Canada Health Act*. There was membership on a governmental committee to review all provincial statutes for conformity with the Charter of Rights and Freedoms. And then there were the often brain-teasing questions and requests for interpretation. . . . What is the legal status of certain elements of the Found Centre? How is the School of Nursing to be statutorily 'approved'? How must Hillsborough Hospital's name be changed? What legal right or duty is there to intervene in a home inhabited by dozens of dogs? How does our addictions law relate to human rights? Who determines legal death; how? Can a person with a genuine phobia toward needles escape the premarital blood test? Is there anything to prevent a legal homosexual marriage in PEI?

Unit staff frequently pitch in for a variety of what might be called administrative assistance. A great deal of writing got done: ministerial speeches, statements to the House, press releases, formal letters, directory entries, and a score of memoranda to Executive Council. A lot of arranging got done: appointments to regulatory bodies, provision of Canada Health Act annual report, the autumn departmental seminar, some entries in the Royal Gazette, some aspects of recruiting a radiation safety officer, a contract or two, even an emergency cornea donation. There was a membership on the PEI Pharmacy Board and chairmanship of the Child Care Facilities Board. And quite a few tables, forms and brochures got designed and produced: prenatal record, nutrition assessment, certificates, conference programs, STD reporting card.

One common, though somewhat indefinite, function of the Unit is as a sort of sounding-board mentor. Deputy Minister, directors and program leaders, professional bodies and others sometimes want to get an opinion, a historical memory of why something happened, some editing, a piece of technical advice, or simply a helpfully critical ear as they work something out in their own mind. It might be help in planning a conference or animating a thinking-day seminar for a division's senior staff. It might be how to do a simple survey or a set of regulations; sometimes it was reviewing a formal letter or an Executive Council memorandum, or giving some historial background on Hillsborough or services for the physically disabled, for instance. A dental graduate asked about the likely viability of practice in a certain location; a publisher wanted help arranging for the writing of a chapter in a school textbook. There was practical advice on how to deal with a case of Legionnaires disease, and some crystal-ball-gazing about socio-economic impact for a consultant study of the proposed Litton Plant. Ivory-tower thinking doesn't have to be dull and irrelevant.

A final note should record the arrival of Carl Cooper in place of Verna Bruce who left the Unit to become Director of Home Care and Support in July, 1985.

DIVISION OF NURSING

Ella B. MacLeod, M.S., Director

PURPOSE

To serve as the vehicle within the Department of Health and Social Services for the execution of community services in the detection and prevention of illness or disability; and in the promotion and maintenance of optimum health for Islanders of all ages.

OBJECTIVES:

To Provide: Health-related services that are equally accessible to all Islanders.
Services that will prevent the outbreak of and consequences of communicable and social diseases.

Services for the early detection and prevention of illness.

Health education programs for the promotion of health and healthy lifestyles.

Locations: The Division of Nursing accomplishes its objectives through a decentralized service in seven locations: Charlottetown, Summerside, Tignish, O'Leary, Kensington, Montague and Souris.

Programs: PUBLIC HEALTH: Includes maternal and child health, school and preschool health, communicable disease control, health supervision and illness prevention.

HEALTH EDUCATION

DIABETES EDUCATION

FAMILY LIFE EDUCATION

HOME NURSING CARE (Transferred September 1985)

Staff: Consists of a director, 4 public health supervisors, 3 co-ordinators, 16 full-time and 8 part-time nurses, one nutritionist, 7 full-time and 4 part-time clerical staff.

PUBLIC HEALTH PROGRAMS:

Maternal and Child Health — The OBJECTIVES of this program are to promote the health of mothers throughout their pregnancy, foster and growth of the infant, and help parents develop skills in parenting. A Maternal Health Committee meets regularly to review the program and make recommendations for change.

35 series of pre-natal classes were offered in six locations throughout the province to 377 mothers and 330 fathers. Of these, 85% were primips and 56% intended to breast-feed. Pregnant women not able to attend classes were given individual counselling. Nurses made 155 visits to pregnant women in the home offering help and counselling and saw 193 in the health unit.

All mothers are visited in the maternity ward to assess their needs and plan for a follow-up visit at home. There were 1,790 post-partum, plus an additional 463 visits during first year of life, made to the home. Mothers were helped with care, the baby assessed, and plans were made with the mother for attending the Child Health Clinics.

A total of 367 Child Health Clinics were held at 18 locations. Four held weekly and others monthly. Approximately 1,837 infants were assessed and/or immunized at the 2, 4, and 6 month old clinics, 1,713 toddlers were assessed and given M.M.R. at the clinic for those of 15 months, and a further 1,887 children attended clinics at 18 months or at other ages. This made a total of 9,213 scheduled visits and 158 children identified as having a health problem and referred.

At 3½ years, a comprehensive appraisal, including physical, mental, emotional, social and nutritional status is undertaken. During this period, there were 368 clinics at 6 locations attended by 1,316 children with 215 referrals.

Nurses made 1,185 visits to the home and saw 100 children in the health unit assisting mothers with problems associated with their children. This included visiting 44 parents of the 114 children born with a congenital anomaly.

COMMUNICABLE DISEASE CONTROL

Immunization — There were approximately 6,068 infants and preschool children, 2,742 school children and 505 adults given 16,915 vaccines.

Rubella Control — 134 women (69 pre-natal and 65 pre-marital) were found to be non-immune and were offered vaccine.

898 (approximately 95%) Grade V girls were given rubella vaccine.

Sexually Transmitted Diseases— There were 54 cases of gonorrhea (25M, 29F) and 9 positive serology for syphillis.

Salmonella and Other Bowel Infestations — There were 33 primary cases and 16 positive contacts of Salmonella and other bowel infestations identified and placed under surveillance, and follow-ups made of 107 contacts.

Other — Tuberculosis - 2 positive, 2 suspected, 1 inactive.

Meningitis - 2 cases.

SCHOOL AND PRE-SCHOOL HEALTH PROGRAM

the OBJECTIVES of the school program are to provide a knowledge of health, encourage healthy life-style practices and promote early treatment of an illness or disability. The objectives are accomplished by counselling students and acting as a health information resource for teachers. Services include health appraisal, screening for defects and immunization of the child. Noted defects are brought to the attention of parents so they may seek treatment. The nurse offers support and follow-up as needed.

There were 64 schools and 76 kindergartens and day cares visited on a regular basis. Screening of children for various health problems included:

General Health Inspection	8,346	
Vision Screening	4,280	
Referred	809	(18%)
Hearing Tested	1,848	
Referred	302	(16%)
Scoliosis Screening	1,808	
Referred	97	(5.3%)

There were 613 visits to the home for follow-up care and 148 children assessed in the health unit.

Nurses spent over 200 hours in health education programs for students.

HEALTH SUPERVISION AND ILLNESS PREVENTION

Forty-seven Senior Citizen's Homes were visited on a regular basis with 7 organized programs covering foot care, blood pressure check and nutrition counselling and health education.

Two thousand, nine hundred and ninety-five adults and seniors were visited in the home and 174 seen in the health unit for health supervision of an existing health condition.

DIABETES EDUCATION

Established in 1973, the Center operates out of Charlottetown and Summerside, going out to other locations as necessary. The program provides courses designed to help diabetics and their family cope with diabetes, as well as instruct allied health professionals and students. Statistics for this period include:

	Charlottetown	Summerside	Total
Number of Diabetics Attended Courses	144	73	217
Number of Family Members, Health Professionals, Students and Others Who Attended Courses	105	54	159
Number of Follow-up Visits	15	9	24
Number of Professional Up-Dating Sessions			13

FAMILY LIFE PROGRAM

In response to P.E.I.'s growing public and professional demand for access to meaningful, accurate and up-to-date information in Family Life and Human Sexuality this program continues to be active offering an everbroadening range of services to all Islanders.

The program provides:

Liaison with various members of the community including professionals, parents, youth and community groups.

Consultation and/or delivery of presentations geared to specific issues, ages or groups.

A Teen Health Information Service.

A Multi-Media Resource Centre.

Workshops/Presentations

Professional & Community Groups	67
School Groups	11
Adults Attending Programs	1,188
Children and Youth Attending Programs	1,314
Media Contacts	10
Professional Contacts	975
Individual Contacts	281
T.H.I.S.	57

HEALTH EDUCATION

Coordinator Activities:

1. Planned and coordinated inservice workshops for professional staff.
   1) Immunization Update (45 staff attended).
   2) Home Care Inservice (26 staff attended).
   3) Dealing With Death and Grieving (46 staff attended).
   4) Clerical/Secretarial (40 staff attended).
   5) Parenting Project (40 staff attended).

2. Planner/Liaison of special projects:
   - Television Commercial Spots (Smoking & Hypertension)
   - Smoking
   - Breastfeeding
   - Parenting Project
   - Stairway to Health Campaign
   - Health Promotion in Day Care Centres
   - Booths/Displays for Special Weeks/Months
   - Initiation/Implementation of 'For The Health of It' Newspaper Column (29,500 Homes)
   - Radio Spots Covering Various Health Messages

3. Pamphlets - Revises and designs pamphlets for general distribution.
   a) Dental Health
   b) Drink Pasteurized Milk
   c) Whooping Cough
   d) Division of Aging

4. Other - Previews books, journals, films, resource materials for purchase for circulation to regional offices.
   - Answers correspondence from general public and government agencies.

Public Health Nurses:

Public Health Nurses are represented on 18 voluntary and other agencies, and participate in their various projects. In addition, nurses gave 85 talks to a number of community groups.

HOME NURSING CARE

Total # of Visits	27,328
Total # Receiving Services	727
Average # Active Per Month	463
Total # Admissions	192
Total # Discharges	192
Total # Re-Admissions	142

The Home Nursing Care Program was transferred in September 1986 to a new Division — Home Care and Support Services.

COMMUNITY REHABILITATION SERVICES DIVISION

Ian MacLean, Director

The name of the Special Services Division changed in July to the Division of Community Rehabilitation Services with the focus of the Division now more clearly on the prevention and/or reduction of the effects of disabilities.

The Division continued to be responsible for: i) program planning, development, consultation and co-ordination of a number of Departmental Services (e.g., services to the disabled, mental retardation services, vocational rehabilitation of disabled persons services, speech therapy services, early childhood development and day care services, and nutrition services), ii) management of the Audiology program, Day Care Inspections and Licensing program, Milk Ticket program, Job Creation and Placement program, and Sherwood Home; and iii) the purchasing of sheltered workshop, residential, transportation and special counselling services from agencies serving persons who are labelled mentally retarded and/or physically disabled.

In addition, the Division took on responsibility for: i) direct operation of some residential services for mentally retarded and/or mentally ill persons (e.g., individual placement program for the mentally retarded, Foster Home Program for the post-mentally ill, five group homes for the mentally retarded - former CARS operation), and ii) the purchasing of residential and workshop services from agencies serving persons who are labelled mentally ill (e.g., Longworth House and New Directions).

There were also a number of organizational changes in the Division in an attempt to "flatten the pyramid" of authority and enable staff to spend more time working with their client groups, and to give recognition to the need for services to all disability groups. The Co-ordinator of Mental Retardation Services position was split into a Vocational Services Co-ordinator position and a Residential Services Co-ordinator position, as recommended by the 1985 Ministerial Panel on Mental Retardation.

The Administration of Sherwood Home and Queen's County Residential Services (the former CARS operation) were amalgamated under one Administrator to facilitate the transfer of children to adult services and the sharing of material and staff resources between agencies that serve the same target population.

An Administrative/Secretarial/Clerical review was conducted to determine if improvements could be made in the utilization of the administrative support staff in the Division. To this end, a number of recommendations were made, including modifications to some administrative procedures — budget preparation, etc.

A protocol was drafted and implemented for the staff of Child and Family Services and Community Rehabilitation Services to enhance their smooth working relationships.

There were minimum staff changes during the year, except for materinity leave replacements. One position was transferred to the Policy and Planning Unit, and the Administrator of Sherwood Home, Arlene Mamye and her secretary, Pat MacKinnon, transferred to the Division of Home Care and Support and Hillsborough Hospital respectively. Their replacements are Cecil Villard, Administrator, and Claire MacDonald, Secretary.

Through all these changes, staff worked at a high professional standard and demonstrated good leadership and a genuine concern for the needs of the target populations they serve.

MAJOR ACCOMPLISHMENTS

Early Childhood Development and Day Care Services

Child care continued to be a prominent issue among parents, women's groups, labour unions, day care advocacy groups, and both the Federal and Provincial governments.

Various groups continued to pressure government for direct funding to licensed child care facilities. The Early Childhood Development Association presented the Minister with a specific outline for such a program, which included Maintenance Grants and Infant Subsidy Program.

Funding was approved for the PAL (Play and Learn) Project in Kings County, a parent-child play group project. This was seen as a precedent for direct funding, and prompted inquiries regarding funding from a similar group in West Prince.

In January, 1986, new regulations to the Child Care Facilities Act were proclaimed by Executive Council. New requirements for staff training were intitiated, and new categories of child care facilities were defined. The Child Care Facilities Act was revised but has yet to be presented in the legislature.

In anticipation of the new regulations on staff training, the Department of Health and Social Services, Department of Industry, Canada Employment Centre, Holland College, and the Early Childhood Development Association negotiated for a two-year federally funded extension program in Early Childhood Education. This was approved, and 30 students enrolled in October, 1985.

Once again, there was heavy demand for the Child Care Subsidy Program. Additional money had to be allocated to the Program, increasing the original forecast of $350,000 to a final expenditure of $604,000.

The Subsidy Program application, approval process, and procedures were reviewed and revised in order to provide consistency in all regions.

The Satellite Family Day Care Project ended in December, 1985. This 12 month project (LED) established 24 new family day care homes across the province.

The Early Childhood Series (1985-86) of seminars and workshops for early childhood workers commenced in September and consisted of 17 sessions, including one for French-speaking workers.

The Co-ordinator of Early Childhood and Day Care provided consultation to individuals and groups, such as the Early Childhood Development Association, Holland College, PAL, School of Nursing, etc.

The Federal Government's Special Committee on Child care began its tour of Canada in P.E.I. A presentation on child care was made by the Department on behalf of the Provincial government.

One hundred and fourteen licenses were issued by the Child Care Facilities Board.

Nutrition Services

Nutrition counselling on prenatal and infant nutrition continued to be provided to primarily high risk pregnant women. A total of 619 new cases were opened. Forty-eight percent (296 case) of these were for pregnancy and forty-two percent (259 cases) were for infant nutrition.

One hundred and six group nutrition education sessions were provided to a total of

1,295 Prince Edward Islanders. Topics for these sessions included prenatal and infant nutrition, general nutrition, nutrition and fitness, and weight control.

Nutrition Services participated in the development and implementation of the P.E.I. Reproductive Care Program. This program is jointly sponsored by the P.E.I. Medical Society and the P.E.I. Department of Health and Social Services. One of its objectives is to ensure early identification and appropriate referral of high risk pregnant women. As a result, referrals to Nutrition Services will now be made directly by physicians.

In co-operation with the Division of Nursing, Nutrition Services assisted with an Antenatal Survey to establish a profile of the pregnant population of the province and to identify lifestyle risk factors. Based on the responses of 607 women, factors identified as concerns included: 38 percent of pregnant women smoking cigarettes, one half of the women indicating they drank some wine, liquor or beer during pregnancy and approximately half of the pregnant women consuming an inadequate intake of milk.

The Breastfeeding Promotion Program continued this year. The major activity was the preparation of a 60-second T.V. Ad promoting breastfeeding. The Ad was aired on CBC TV for an 8-week period. Response to the Department's initiative in media promotion has been positive.

Nutrition Services co-operated with the Dental Division in the revision of the publication, Traffic Lights for Your Snacks, which is distributed to children receiving dental care.

NUTRITION COUNSELLING

Cases Opened In:	1983 - 84	1984 - 85	1985 - 86
Region 1	99	115	139
2	163	174	163
3	173	217	215
4	48	45	54
5	63	47	48
TOTALS:	546	598	619

REASONS FOR NUTRITION COUNSELLING

Reason	1983 - 84 No.	1983 - 84 %	1984 - 85 No.	1984 - 85 %	1985 - 86 No.	1985 - 86 %
Pregnancy	279	50%	292	49%	296	48%
Infant Nutrition	189	35%	197	33%	259	42%
Obesity	21	4%	35	6%	18	3%
General Nutrition	15	3%	10	2%	4	1%
Other (Children-in-Care, PKU, Therapeutic Diets)	42	8%	64	10%	42	7%
TOTALS	546		598		619	

NUTRITION EDUCATION/CONSULTATION

Region	Number of Nutrition Education Sessions	Number of Persons Attending	Nutrition Consultation
1	13	208	132
2	24	270	206
3	30	322	214
4	14	200	169
5	5	58	132
Regional Total	86	1,058	853
Central Office	20	237	426
Provincial Total	106	1,295	1,279

Speech Therapy Services

Speech Therapy services continued to be provided in the five regional offices and the Queen Elizabeth Hospital by Speech-Language Pathologists from the Division of Child and Family Services. There was, however, a 2-month interruption in service in Region 1 due to a staff vacancy. Maternity leaves occurred in Regions 2 and 4 but full time coverage was maintained.

Many changes occurred in the program as the result of the Speech Therapy Evaluation in 1984. Priorities now focused on children with moderate to severe difficulties, a totally clinic program was established with elementary schools visited as the school's caseload and severity dictated, grade 2 screening was terminated, and reallocation of staff occurred with greater manpower resources provided to Region 3. The end result was that all Speech-Language Pathologists would have similar caseloads and waiting lists.

Two Speech Therapy Camps were held during the summer with 38 campers in attendance. Children attending presented with articulation, language or fluency difficulties.

The program's major accomplishments included the significant program changes which greatly aided the service and waiting lists in Region 3. In addition, staff development and training was maintained as a high priority with guest speakers brought to the Island from the Maritimes, Ontario, and eastern United States. By bringing speakers to P.E.I., all staff benefit.

With a totally clinic program, statistics for preschoolers, school aged children, and adults are now combined. During the year, 682 new assessments were completed with 5,352 therapy sessions held. Waiting lists continue to exist but are now less lengthy in Region 3.

Throughout the year, the program Coordinator continued to provide speech therapy services to elementary schools in Region 3; in addition, recruitment for a Speech-Language Pathologist and the Department's Audiologist occurred. In-service training/workshops were presented to the Division of Aging, P.E.I. School of Nursing, and Department of Education at U.P.E.I. Follow-up to the 1984 speech therapy evaluation was paramount.

The demand for speech therapy services continues to expand; however, with the new program priorities and re-allocation of staff, the length of time for assessments and treatment throughout the Island has become more uniform with less extensive waiting lists in Region 3.

Audiology Services

Audiology services were provided to Island residents from the central testing facility at the Queen Elizabeth Hospital and the 4 regional clinic sites in Alberton, Souris, Montague, and Summerside. A break in service for 2 months occurred with the resignation of the Audiologist in June, 1985. Services resumed again in September, 1985. With the continuing high demand for service in Charlottetown and Alberton, and the less frequent referrals for Souris and Summerside, the following schedule of visits for regional clinics was adopted; Souris - every 2 months; Montague — monthly; Summerside — monthly; Alberton — monthly, with additional time as dictated by the waiting list.

The audiology program's major accomplishment for the year included the establishment of norms and test protocol and the beginning of testing using the Brainstem Evoked Response Unit, which had been donated by the Benevolent and Protective Order of the Royal Purple in 1984. Additional goals achieved included: revising policy, updating nursery nurses on the infant hearing screening program, and revising the hearing screening utilized by Public Health Nursing Division for 3 ½ and 5 year old youngsters.

In-service presentations were given to the following groups: Speech-Language Pathologists, Public Health Nurses, special education teachers, and staff of Child and Family Services Division.

During the year, 120 clinic days were recorded; 326 new clients were assessed, with 693 patient visits reported.

Dispensing of hearing aids for clients of the Department continued to be contracted to Audio Consultants of P.E.I.

The demand for audiology services continues to expand with the present use of new tests and equipment.

Mental Retardation/Mentally Ill Services

Among the many accomplishments this year in mental retardation services was the drafting of the Mental Retardation Worker Policy and Procedures, the establishment of a code for the mental retardation services in the Department's Central Management Information computer system, and the development and implementation of the Family Support Program for mentally retarded individuals and their families. The Family Support Program covers the cost of raising mentally retarded individuals that are over and above the cost of raising a normal child and provides respite care of the families, based on a sliding fee scale. In conjunction with St. John's Ambulance, a training program was provided to respite care providers of the program and agreement was reached with P.E.I.A.M.R. that they would be responsible for the training and recruitment of babysitters for the Respite Program of the Family Support Program.

A Ministerial Advisory Panel on Mental Retardation and Mental Illness was completed and resulted in approximately $800,000 additional funds to improve existing services and expand services to those in need, including the establishment of a mini group home and an Individual Placement program for mentally retarded individuals in west Prince, the acquirement of an additional group home in Charlottetown for five adults from the crisis section of the Wait List in Charlottetown by March, 1986, expansion of Tremploy's services to accommodate ten persons on their Wait List, the development of an outreach program by SAW Industries, increased provincial contribution to New Directions and Longworth House, and a wage and benefit package for all group home and vocational services staff. The wage increase was retroactive to October 1, 1985, and the benefit package is due to become effective in April, 1986.

A needs survey was carried out in Region 4 to determine the mental retardation workload in that Region, and a study got underway into the needs of Island residents with a dual diagnosis of mental retardation and mental illness.

Approval for Project P.R.O.V.E. was received from National Health and Welfare. Project P.R.O.V.E. will develop and field-test alternative non-sheltered vocational training and placement models for mentally retarded adults in rural Queen's County. One co-ordinator and three trainers were hired for the project.

In conjunction with P.E.I.A.M.R., a toy library for mentally retarded individuals was established.

Program audits were conducted on Maple House Inc. and Tignish Normalization Co-op, and assistance was provided to Summerside Adult Development Center with their review of program training policies and recruitment of a training officer.

Behaviour Management Consultant services were provided in 11 mental retardation cases and in a number of Tremploy's Admission/Discharge Committee meetings.

A training session on interviewing skills by Jack Blanchard was offered to vocational and residential services staff.

As previously mentioned, responsibility for the operation of the former CARS Group Homes for mentally retarded individuals was transferred to the Division, effective April 13, 1985. A Parent's Advisory Committee was appointed to provide feedback to government on the operation of these group homes. Guidelines have recently been developed for committee operation.

The administration of Sherwood Home and adult group homes for the mentally retarded in Charlottetown were amalgamated. This administrative merger went smoothly and was accomplished in late January, 1986, and has enhanced the ability of staff to plan for older children and adults residing in Sherwood Home.

Renovations were made to Sherwood Home facility to alleviate the need for staff and management to carry residents up and downstairs regularly. Later additional renovations were made to accommodate the move of the former CARS staff to Sherwood Home.

A Developmental Day Program was offered at Sherwood Home to five residents from the community for 52 weeks and six in-house residents from April to December and five from January to March. As well, five Sherwood Home residents attended Oysterbed Bridge Camp operated by C.A.M.R. and five multiple handicapped Sherwood Home residents attended Gencheff Camp. Also, some of the Sherwood Home residents were involved in a recreational program, swimming classes, curling, cross-country skiing, Joyriders Club, and Pee Wee Program.

Summer students hired at Sherwood Home through Labatts "People in Action Program" provided holiday relief for staff at Sherwood Home and worked with the residents with special needs.

A Volunteer Program was initiated by Sherwood Home Management to better utilize the volunteers in the community as well as to familiarize people with Sherwood Home. Several meetings were held with Allied Youth and through these meetings, they decided to take Sherwood Home on as a special project. As a result, Allied Youth visited the residents of Sherwood Home weekly to provide social interaction. This proved to be a very pleasant experience for the residents, and an educational opportunity for Allied Youth.

Physically Disabled Services

Steps were taken again this year to upgrade the Vocational Rehabilitation of Services to Disabled Program and to enhance the delivery of services under this program.

Staff positions were designated in each regional office for the development and delivery of the VRDP program. Designated staff attended eight training sessions and two workshops. The subject matter ranged from involving disabled clients in heightening sensitivity to disability, to discussion of the rehabilitation process, to the role of the Canadian Paraplegic Association. One workshop dealt with Independent Living and the other with Utilizing Computers in the Rehabilitation Process.

Training sessions were also provided to other departmental staff, private agencies and former VRDP trainees. As a result their knowledge of the program and desire to deliver it at the highest possible level has increased significantly.

All regional offices have begun an analysis of their caseloads to identify clients that might benefit from VRDP services.

A Ministerial Advisory Panel on Services to the Physically Disabled was completed with many positive results including the doubling of the provincial government's grant to the P.E.I. Council of the Disabled to assist in the development and strengthening of this advocacy organization.

A new VRDP Agreement was drafted and signed which allowed for the provision of VRDP services to disabled clients for up to 18 months after they have become employed.

Job Creation and Placement Program

This program is now almost totally decentralized to the regional offices and operates quite smoothly.

The Program was restricted during the year to "repeaters", i.e., those who had participated previously in the program to maximize the number of placements that could be made with a budget of $1,250,000.

Five hundred and twenty-one placements were made during the year, with the cost per placement being approximately $2,426.

A follow-up study of clients who have been through the Program during the first two phases was completed and showed that 34% of them are no longer receiving any services from the Department.

CHILD AND FAMILY SERVICES DIVISION

Steve McQuaid, Director

In April, 1985, the Division was re-named Child and Family Services. The rationale for doing so was an acknowledgement by senior Departmental officials and government that this more properly described the purpose and activities of the Division. Virtually all program activity and services are targeted toward meeting the needs of the family in the broad sense.

The services delivered through the Child and Family Services Division are directed toward:

(a) alleviating acute conditions of individual or family need;

(b) providing supports to families where there is need;

(c) protecting the rights and well-being of children where the family's efforts have not been effective, as well as protecting disabled adults, and the socially disadvantaged, who are unable to act effectively in their own interest;

(d) providing vital life support services and assistance to dependent persons who generally do not have the skills and resources to function independently.

These services are provided through five regional offices located in the major centres of Prince Edward Island. The Division, through its five regional offices, provides these services through the following programs:

(1) Child Welfare Services

- (a) Protection Services
- (b) Adoption Services
- (c) Substitute Care Placements — including relative placements, foster care, special foster care, group home, special residential treatment
- (d) Services to single and unmarried parents
- (e) Family Supports Services to families who have children with special needs (mentally retarded children and children who are in need of child care services)

(2) Teaching Homemaker Services
(3) Nutrition Services
(4) Speech Therapy and Hearing Services
(5) Daycare Service Subsidy
(6) Welfare Assistance
(7) Retardation Services
(8) Rehabilitation Services
(9) General Counselling

The legislation which provides authority for the delivery of the above-noted services includes:

(a) Adoption Act
(b) Child Care Facilities Act
(c) Children's Act
(d) Family and Child Services Act
(e) Divorce Act
(f) Family Court Act
(g) Rehabilitation of Disabled Persons Act
(h) Welfare Assistance Act

With the exception of the two regional offices in Kings County, each regional office has a Regional Director who is responsible for the management of the office and delivery of services in the respective areas. The management structure of the Southern Kings and Eastern Kings regional offices is under one Regional Director with the staff of both offices reporting to him.

ORGANIZATION

Staffing — Regional Offices

There were three changes made at the regional managerial level. New Regional Directors were appointed to the Charlottetown regional office and the Kings County offices. A new manager was assigned to the O'Leary regional office through the Temporary Assignment Program. One of the existing managers went on secondment for a two-year period with the federal government.

Staffing — Central Office

Staff assignments were made at central office. The former manager of the O'Leary office was temporarily re-assigned from the field office to work in the Welfare Assistance Program. This is the largest program within the Division in terms of budget and client population. This assignment was the result of a decision by senior management to put more managerial and programming energy into this area. The Comprehensive Audit Report, tabled by the Auditor General's Office in early 1985, observed that the Program required more concerted leadership and direction. The above assignment is a direct response to that observation.

A second senior person was seconded to the central office establishment from the regional office to provide leadership to the development of a group work approach with emphasis on life skills. This appointment was prompted by two factors: (a) senior management is acknowledging that with increasing worker caseloads, other methods need to be developed to provide effective service; (b) it is recognized that life skills training/education is a first step to dealing with many of the clients who are currently dependent on our services. Many of these individuals lack the confidence and self-assurance that is required in taking the first tentative steps toward independent functioning.

A senior worker from central office was seconded to the Charlottetown regional office for a period of one year. The purpose was to provide the regional office managment with support and assistance in dealing with a number of organizational issues within the office.

The above staffing changes, and in particular the secondment of senior field staff into planning/support positions, is a relatively new but necessary trend. Governments everywhere are expecting much more accountability and efficiency with respect to delivery of human services. This is reflected in reports and observations from auditors, Treasury

Board officials and government, generally. For an operational Division, this means more energy committed to clarifying mandates, reviewing and re-writing policy instruction, and retraining staff. Hence, the need for the Division of Child and Family Services to strengthen this capacity.

Staff Training

Staff training and development continued to have a high emphasis over the past fiscal year. In view of the increasing expectation by government that all services be delivered in a manner as efficient and productive as possible, the Division has targeted selected groups of field staff for regular in-service training, as follows:

Two ten-session courses were offered to eighteen Homemakers to familiarize them with their roles and responsibilities in working with protection families;

Training sessions were continued to staff at the Social Service Worker level to improve basic casework skills. Sessions over the past year have focused on helping participants improve their interviewing and problem-solving skills. Approximately thirty people were involved in these training sessions;

Training sessions were also continued for social work staff to prepare them to be designated as agents of the Director of Child Welfare. Twenty-one staff members participated in these sessions.

PROGRAMS

Welfare Assistance Program

Over the past year, the Co-ordinator of this program committed most of his energy to revising the field operations manual. This revision was necessary in view of the amended Welfare Assistance Regulations of October 1984. This policy review was comprehensive, involving a broad cross-section of field staff as well as central office personnel. The project was completed in February 1986. The revised manual was made available to field offices effective April 1, 1986. Statistically, the Welfare Assistance Program reflected an upward trend as follows:

	1984/1985	1985/1986	% Increase
Average monthly caseload	4,208	4,246	0.9
Average monthly cost per case	388	417	7.5
Total actual yearly expenditure	20,122,500	21,655,000	7.6

Children's Services

Last year's Annual Report indicated that Children's Services programs were facing two difficult trends: (1) a steady increase in referrals of sexual and physical abuse; (2) an increase in the complexity of these new cases. These two trends continue to place heavy stress on our capacity to provide adequate services, and increasingly raise the question of whether or not we are falling short of our legal mandate in this area.

In December, 1985, the Director of Child Welfare and other senior staff presented a comprehensive update of the situation to senior management. The purpose was to make senior management aware of the urgency of the situation, and to indicate that additional financial resources for fiscal year 1986/1987 would be required. It is the firm belief of Divisional management that unless our financial resources are increased, it will be difficult to respond to the legitimate needs referred by an increasingly aware community.

Statistically, there were 394 children cared for by the Director of Child Welfare in fiscal year 1985/1986 compared to 406 in fiscal year 1984/1985. Of that total, 156 children were admitted into care and subsequently discharged from care during the fiscal year. As of

March 31, 1986, there were 238 children still in the legal care of the Director of Child Welfare and they can be broken down statistically as follows:

Apprehended	31
Temporary Ward	22
Permanent Ward	107
Voluntary Care Agreement	53
Ward of Another Province	4
Adoption Placement	18
Follow-up to Child in Care	3
	238

(a) Adoptions

The Provincial Registry records a total of 83 adoptions finalized during the year compared to 73 adoptions in the previous year. Of these, 15 were wards of the Director of Child Welfare, 15 were wards of private agencies, and 53 were private adoptions. Sixty-seven adoptions were finalized in the province and 16 were finalized in other jurisdictions.

(b) Foster Care Resources

During the year, there were 115 approved foster homes, 12 special foster care resources providing 12 spaces for emergency foster placements, 23 spaces for children with special needs and two spaces for young mothers and their babies, as well as five group homes for the care of adolescents (total bed capacity 30).

Homemaker Program

Over the past year, government made a decision to establish a separate Home Care and Support Division within the Department of Health and Social Services. As a consequence, 36 Homemaker positions were transferred from Child and Family Services to this new Division. The transfer of these positions has been completed and services that would have been normally provided to the elderly and other families are now provided through this new Division.

The Division of Child and Family Services retained a total of 15 Homemaker positions. These positions were retained to allow the Division to continue to provide family support to high risk family situations which are referred to the Division under Section 14 of the Family and Child Services Act. Section 9 of the Family and Child Services Act gives authority to the Director of Child Welfare to place Homemaker services with a family where the needs of children are at risk.

Divisional field staff have continued to deliver services to the public in the following program areas: speech therapy, community nutrition, day care subsidy, physical rehabilitation, job creation, and mental retardation services. The extent of program activity and the significant events and issues are summarized by the respective program co-ordinators within the section of this Annual Report for the Division of Community Rehabilitation.

WEST PRINCE REGIONAL OFFICE (REGION 1 - O'LEARY)

During the fiscal year 1985-86, staff of Region 1 have strived to provide quality service. The co-operation and support received from other agencies and professionals was a major enabling factor in the delivery of services in this rural environment.

Although no significant increase in caseload was experienced, the complexity of cases has created the need to consider alternative options in the provision of services. For instance, the Child Welfare Team developed a Youth Assisting Youth Program for children

from 6 to 12 years of age. Also, a two-day camp was held for children of the same age group, which focused on the development of survival skills and increased knowledge of wildlife and nature. Both programs involved the co-operation of teachers, Canadian Forces personnel and a Conservation Officer. These life experiences were very positive for the children.

The development of the Life Skills Program and other training initiatives has greatly enhanced the confidence and ability of staff. Historically, much of our intervention has been focused on the individual or family. However, staff are now recognizing the benefits of providing service through groups of clients who share a common need. An example is our Mothers Group which has been a very enriching experience for the mothers and children involved.

A significant transition was the transfer of seven Homemakers to the Home Care and Support Division. Through co-operative efforts between this Division and Home Care and Support Division, the capability to support and maintain stable home environments should be greatly enhanced. Also, the Homemakers retained by this Division are providing good complementary service for the Child Welfare Team, which has been a strengthening element for the children.

Services for adolescents continue to challenge the skills and dedication of the Child Welfare team and our Group Home staff. This year the Group Home provided service for an average of six adolescents per month. The needs of these children required innovative programming and extensive co-operation with other professionals such as Mental Health, R.C.M.P., Adolescent Unit, Schools and Justice.

Intake experienced the usual seasonal peaks, assessing the needs of clients for a wide range of services. Young people, single and with families, continue to be a priority need for high quality service. Furthermore, the incidence of domestic violence is increasing, which requires intensive crisis intervention. In an effort to provide more community based services for abused wives and their children, a committee comprised of representatives from Unit 1 School Board Office, Public Health Nursing, R.C.M.P., Social Services, Justice, Hospitals, and Mental Health have developed the West Prince Family Violence Program. The exciting aspect of this Program is the co-operation and support which is developing between the various agencies and the heightening of community awareness for the victims and perpetrators.

To facilitate greater intervention with priority financial assistance, the mail-in review process was implemented. This caseload is comprised of long-term cases which do not demonstrate a need for regular casework intervention. The process appears to be successful, with good co-operation from clients.

As in previous years, the Job Creation Program provided employment opportunities for fifty-six of our clients this year. The benefits to these clients is tremendous, especially with respect to their self-esteem and job experience they receive.

In summary, the quality of service is directly related to the dedication and commitment of all staff. As a result, Region 1 had a successful year.

SUMMERSIDE AND AREA REGIONAL OFFICE (REGION 2)

In the past fiscal year, our serviceload decreased from 1,273 on March 31, 1985 to 1,200 on March 31, 1986, a difference of 6 per cent. These figures do not include Audiology services delivered by Central Office staff, and Speech Therapy services delivered in school, as that format was discontinued.

Regional staffing underwent a number of changes this past year: one social worker transferred to Region 3, one social worker terminated and one supervisor went on a 1½

year secondment to the Department of Justice Youth Centre. The Group Home manager position remained vacant for most of the year and one Group Home worker transferred to the Department of Justice Youth Centre. Recruitment for all these positions started in the last quarter of the year.

In January 1986, 7½ Visiting Homemaker positions were transferred to the new Home Care and Support Division. This left three Homemaker positions in the Regional Office. Much time was spent on developing a new role for these Homemakers in Child Welfare and providing appropriate training.

The Financial Assistance caseload remained relatively stable, increasing slightly from 657 on March 31, to 661 on March 31, 1986. Seventy-five clients were placed in jobs through the Job Creation Program this year. The Mail-In Review process was fully operational throughout the year with the annual caseload increasing from 149 to 194 over the year. This process is stable and the Region will be moving it to a clerical position to allow field workers more time to work on employment-related counselling with their clients.

The needs of adolescents consumed much staff time during the year. Meetings were held with various community agencies in attempting to meet the needs of the adolescents. The Adolescent Group Home had 15 new admissions in the past year. Life Skills Training was initiated with Group Home staff and residents participated in a Life Skills camp.

The Children-in-Care population remained relatively stable with 41 active cases in March 1985 compared to 36 active cases in March 1986. Within the year, 32 children came into care in the Region, while wardship terminated for 34 children. Sixty-six percent (24 of 36) of the children-in-care are over 13 years of age.

The Region spent time looking at the types of resources required to service foster children, especially adolescents who were unable to stay with their natural family.

The Region was fortunate to have six summer students. Two worked in the Adolescent Group Home — one hired by the John Howard Society and the other a seminary student on field placement. Four students worked in the office as case aides for young children in a social/recreational program.

The Region spent time reviewing the team structures and determining the most effective means of delivering service to the public. Staff participated in People Helping People training, Homemakers learned of their new role in Child Welfare, and Child Welfare staff participated in sessions on Child Welfare values/beliefs.

In Child Protection there were 146 cases serviced, an increase of 15 percent from the 124 cases serviced last year. Of these cases, 109 received service for six months or less. The Region expanded the role of the lawyer working on Child Protection cases to include preparation of all legal papers for the Court, thus allowing the worker more time for casework.

The Personal Safety Program developed in conjunction with Unit 2 elementary schools continued to expand and staff were involved in training teachers to deliver the program to the children. Very positive comments were received from teachers on how the program was received.

In summary, despite a number of changes in staffing, the Region was able to respond positively to requests for service by the general public.

SERVICE BREAKDOWN BY REGIONAL OFFICE

For March 31, 1985, and March 31, 1986

SERVICE	O'LEARY		SUMMERSIDE		CHARLOTTETOWN		MONTAGUE		SOURIS		CENTRAL OFFICE		PROVINCE*	
	MAR/85	MAR/86	MAR/85	MAR/86	MAR/85	MAR/86	MAR/85	MAR/86	MAR/85	MAR/86	MAR/85	MAR/86	MAR/85	MAR/86
Financial Assistance	438	454	657	661	2,516	2,583	442	434	288	278	2	-	4,335	4,397
Rehabilitation	8	16	9	9	19	19	-	5	2	2	-	-	38	51
Visiting Homemakers	101	16	154	25	175	60	71	79	23	1	-	-	524	180
Homehelpers	3	14	29	23	51	12	7	17	10	17	-	-	100	82
Day Care	40	43	60	50	192	147	53	54	18	22	-	1	362	313
Nutrition	45	52	80	75	86	88	29	41	22	27	4	2	265	281
Speech Therapy	48	104	86	169	168	326	34	66	43	45	1	2	379	711
Counselling	69	50	52	38	125	161	32	41	24	14	-	-	302	303
Intake Review	-	-	-	-	4	1	37	34	5	5	-	-	46	40
Juvenile Deliquent	2	-	5	-	8	1	1	-	-	-	-	-	16	1
Protection	23	39	31	44	189	144	19	26	13	6	1	-	273	258
Children-in-Care	24	24	41	36	106	119	29	38	3	6	14	16	217	239
Adoptive Parents	17	15	34	20	52	43	22	14	15	6	1	57	141	150
Foster Parents	20	19	35	23	55	49	26	15	7	8	-	-	143	114
Audiology	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Case Alert	-	-	-	-	-	-	-	-	-	-	147	120	147	120
Private Adoption	1	-	-	4	3	6	-	1	-	-	-	2	4	13
TOTAL SERVICES	839	846	1,273	1,177	3,769	3,759	807	865	475	437	170	200	7,319	7,253
TOTAL CASES	677	664	1,076	963	3,099	3,182	669	717	381	366	166	191	6,068	6,103

* The Provincial Totals may not add horizontally because services/cases transferring between regions are counted in both locations.

CHARLOTTETOWN AND AREA REGIONAL OFFICE (REGION 3)

Fiscal year 1985-1986 saw a turnover of staff in the field, supervisory and management levels; significant program and service changes; a re-organization of the office and team structures; development of a two-year work plan; and a number of new initiatives, which resulted in a busy and productive year in Region 3.

PROGRAMS

1. Intake

Intake showed a busy and demanding year, as their child welfare staff worked steadily at full capacity. This fiscal year presented a total of 344 cases for assessment, compared to 110 last year. The following is a breakdown:

Service of legal documents from other Provinces	3
Child protection	144
Families in crisis	63
Adolescents in crisis	74
Adoptions	19
Unmarried mothers	19
Private adoptions	22
TOTAL	344

The greatest demand at the Child Welfare level, other than child protection, was that of adolescents in crisis. The number of adolescents living away from their parents is steadily increasing and much work is required to find suitable accommodation where situations are irreconcilable. Staff continue to work with families who were previously reported to the department, by offering services in the areas of general counselling and treatment of the victim. These families require ongoing assistance in acquiring the knowledge, skill and resources to provide an adequate and safe environment for their children.

Staff involved in delivering financial assistance services saw an increase in the number of 16 to 18 year olds applying for assistance due to a lack of family resources. There continues to be an increase in demand for financial services for medical reasons, i.e., out-of-province medical assessments and treatments. During the last quarter of the year, an average of 195 regular Intake appointments were scheduled per month, and 75 emergency appointments.

2. Children's Services

More and more we are being faced with children, both wards and children in their own homes, where it is necessary to provide an adult to engage with them on a one-to-one intensive basis for purposes of control, stimulation, parent relief, behavior management and general support to parents. This new approach in dealing with special needs children on a one-to-one basis was utilized and realized positive results for some children. However, the regional office was faced with a number of children for whom we had no resources and these cases were highlighted with the Director.

A Resource Development Committee was established this year and functioned to coordinate children's services, consult, plan, liaise with the community, and provide a support network for the Senior Resource Development Worker.

Staff on the Family and Child Services Teams were involved in establishing some special care resources for children in the care of the Director. As well, a number of staff and supervisors participated in the Child Welfare Designation process.

Management at the Regional and Divisional levels approved the Group Home Audit

Committee Report in its entirety, and in early February a team leader was assigned to the newly created Adolescent Services Team. The work plan for this team has a heavy emphasis on resource development and community liaison on adolescent issues.

An audit was completed on all child protection cases, which proved worthwhile and assisted in a complete review of cases and caseloads. This review of the child welfare caseloads resulted in a more generic approach, with an end result of increased expectations and a better quality of service.

3. Financial Assistance

A new program initative for the delivery of financial assistance to the static caseload was implemented in June 1985 (the Mail-in Review process). By December 1985, 380 cases had been re-assigned and were being serviced by Mail-in Review. There is an indication that this caseload will exceed 700 cases. This initiative led to caseload re-allocation and the transfer of three Social Service Workers to the Child and Family Services Teams, thus enhancing the quality of service.

4. Day Care

There was a decline in the number of day care services from 192 to 147 between March 1985 and March 1986. The Family Support Program is now covering a portion of day care costs for mentally handicapped children, and the region continues to priorize child protection cases, single parents working, and special needs children.

5. Visiting Homemaker

The year under review marked a significant change in the service delivery model of the Homemaker Program. Eleven of the seventeen positions were transferred to the new Division of Home Care and Support, to provide services to the elderly clientele. The portion of the program which was retained in the Child and Family Services Division has, as its primary responsibility, to provide support to families. These homemakers remain fully booked with the majority of their referrals coming from regional office staff.

Processing and Central Registry Units were involved in the preparation and transfer of 126 files to Home Care and Support Division as a result of this program split.

6. Speech Therapy and Nutrition

A different approach to delivering the Speech Therapy program was accepted. This involves a transition to a totally clinical program by servicing school-aged children at clinics for initial assessments, with therapy being provided at local schools. These changes resulted in reduced waiting lists for pre-schoolers awaiting assessment.

All expectant mothers are now being seen in office, with the nutritionist making home visits following birth. This allows for more visits per month and less travel requirements.

7. Addictions

Requests for one-to-one counselling for addicted clients and/or their families have increased, and the liaison worker indicates there was an increased number of individuals taking advantage of programs on the Island versus out-of-province, as a result of Departmental policy changes.

8. Mental Retardation

An office consultant/resouce person for mental retardation issues was identified, and primary duties include the In-Home Program, the Family Support Program, General Ser-

vice Plans for all pre-schoolers, and case planning for any mentally retarded adult in crisis. The resource person is also responsible for doing eligibility assessments.

9. Job Creation

Region 3 had a total of 151 Job Creation placements (90 of these individuals were repeaters) form April 1, 1985 to March 31, 1986. This total included 33 placements within provincial government, 16 to municipal government, 70 to local non-profit organizations, 9 to schools, 17 to day cares/kindergartens, and 6 to port custodian projects.

10. Life Skills

Nine female clients of the Department participated in a Life Skills Program, coached by a designated staff person in the regional office. The Program entailed 91 hours of group activities including problem-solving, values, communication, assertiveness, employment, etc. Results were seen as very positive in terms of benefits and personal growth for the participants.

SERVICE LEVEL GROWTH

The overall service caseload decreased from 5,117 in March 1985, to 4,890 in March 1986. The financial assistance caseload yielded an increase of 67 cases for March 1985 to March 1986. The usual peak loads during these months were 2,516 and 2,583, respectively. The summer low point occurred in August, 1985 at 2,394 and was most likely the result of seasonal job opportunities in the area. During the Fall months, there was an average of 30 to 35 emergency appointments scheduled each week. Some of this demand for short-term financial assistance was a result of the three to five-week delay in people receiving Unemployment Insurance Benefits.

SUMMARY

The region implemented a serious review of its two major program areas, Child Welfare and Financial Assistance. The intent was to put in place an office structure where staff strengths could be enhanced and critical issues such as team composition, caseload allocation, work planning and expectations be addressed. A "Beliefs and Messages" package was developed with the most significant results being clarification of role and expectations for staff at all levels, as well as a better understanding of the system and better appreciation for the work.

Staff meetings were held over the year to discuss issues felt to be worthwhile, and to provide in-office training. Staff also participated in whatever training opportunities were available.

Region 3 experienced some significant changes during the past year. However, the stress which so often accompanies change was absorbed not only because of the staff's level of skill and the competence of supervisory staff but also because of general staff enthusiasm, commitment and diligence in their work.

SOUTHERN KINGS AND EASTERN KINGS COUNTY REGIONAL OFFICES

(Region 4 - Montague and Region 5 - Souris)

STAFFING

The highlight for the 1985-1986 fiscal year was the acquisition of new office space in the Montague Regional Services Centre. The new space assigned to staff enhanced morale and contributed to increased productivity.

The Kings County Management Team completed a detailed study of its staffing resources. The study was successful in developing a staff inventory, analyzing anticipated vacancies, examining relative program workloads, and analyzing training and development needs. It is expected that the study will provide the information basis on which the management team can make individual and collective decisions relating to the selection, placement, training, and development of appropriately qualified employees.

The Social Worker 3 position has been recruited and the candidate will commence duties July 14, 1986.

The staffing complement on the Child Welfare Team remains intact.

PROGRAMS

Financial Assistance

Caseloads are down by 8.9% in Montague and 12.2% in Souris as of February.

Mail-in Review continues as per schedule with the home visits taking place during the 1986-1987 fiscal year. Some processing staff are being familiarized with the program with the possibility of their taking on a portion of the tasks.

Financial Assistance meetings were conducted monthly of all staff to ensure communication and problem-solving for related issues or policy changes.

A series of Financial Assistance meetings were scheduled to complete an intensive training orientation of the new welfare assistance manuals.

Rehabilitation Program

The Rehabilitation worker carries a caseload of 4 to 5 clients and is engaged in regular training. This worker continues to be responsible for monitoring the total caseload to identify disabled candidates for VRDP services.

Intake Demand

Following are comparative figures of Montague and Souris for the fiscal years 1984-1985 and 1985-1986:

	Montague			Souris		
	84/85	85/86	% Change	84/85	85/86	% Change
April	62	51	- 18%	91	87	- 4%
May	53	55	+ 4%	84	88	+ 5%
June	50	46	- 8%	76	77	+ 1%
July	75	73	- 3%	93	95	+ 2%
August	75	77	+ 3%	125	75	- 40%
September	65	74	+14%	116	75	- 35%
October	70	94	+34%	141	103	- 27%
November	82	96	+17%	105	101	- 4%
December	76	82	+ 8%	98	88	- 10%
January	87	75	- 14%	109	80	- 27%
February	55	59	+ 7%	81	85	+ 1%
March	59	52	- 12%	86	49	- 43%
	809	834	+ 4%	1,205	1,003	- 17%

Looking at statistics since 1982, there has been a stable annual demand in Souris of around 1,050 intakes. For Montague, the demand has declined from a high of 1,398 in

1982 to 834 last year. We have begun a logging of intake demand to take a closer look at the profile of clients who approach us for service.

Day Care Program

Day Care spending in both Souris and Montague has increased.

	1984-85	1985-86	% Increase
Average monthly expenditure in Souris	2,935	3,611	23%
Average monthly expenditure in Montague	8,221	9,550	16%

Homemaker Program

In Souris, the homemaker team was formally transferred to the Home Care and Support Divison. The Homemaker positions that were to remain with Child and Family Services have been reassigned to the Child Welfare team. Their roles have been redefined as in-home workers for child protection and high-risk cases. There has been on-going training for the staff to become familiar with their new role and responsibility, child protection legislation and policy, and intervention.

Job Creation Program

The documentation for JCP has been completed and forwarded to Central Office.

Mental Retardation Program

We have begun a process of locating and assessing prospective respite care homes in Regions 4 and 5 for our mentally handicapped population. As well, implementation of the Family Support Program has begun.

In Souris, the needs survey has been recently updated to give us a clear indication of caseload priorities for respite care and family support.

Child Welfare Program

(a) **Protection** — The demand has remained fairly consistent during the 1985-1986 fiscal year. We are still experiencing a demand on our services from children out of control, although the demand has dropped since our peak of last fall.

In January, we instituted a Protection Investigation Log. This log will enable us to track our Protection investigations monthly and provide us with some basic information, such as the type of referring sources, action required, etc.

(b) **Foster Parent Program** — Demands on this resource remain high particularly in the adolescent areas. Our cluster continues to serve us well. We had a few crises over the last few months that were minimized because of the cluster.

(c) **Group Home Program** — The group home program is continuing to move along smoothly. Staff are continuing to be involved in the Life Skills program at the home.

Our relationship with the school remains strong. This was reflected in the fact that the Unit 4 Superintendent took three of our group home kids on a trip to Florida with him.

(d) **Support Staff** — In Montague and Souris, the Social Services' support staff continue to work well together and are especially flexible and supportive to one another.

DIVISION OF AGING & EXTENDED CARE

Gordon R. MacKay, Director

It is again my pleasure to submit to you the Annual Report of the Division of Aging and Extended Care for the period April 1, 1985, to March 31, 1986. This is the fifteenth Annual Report since the formation of this Division. Being a very active and large division of the Department of Health and Social Services, I will not attempt to provide details of many of the changes that have taken place in this Division during the past year. Rather, I will attempt to highlight what I consider to be items of significance and of interest.

MAPLEWOOD MANOR:

I would like to bring your attention to the establishment of three new initiatives that were implemented at Maplewood Manor. These new initiatives were the establishment of an Infection Control Audit Committee, an Incident Report Audit Committee and a Discharge Audit Committee. These three committees were established as a part of our ongoing attempts to improve nursing services and the care of our residents. In addition, Maplewood Manor is preparing for their Accreditation Survey, and we would expect that the Accreditation Surveyor would look favorably on the establishment of these committees.

The Administrator has established a five-year equipment replacement program at Maplewood Manor. During the past few years, this facility's budget did not allow for the replacement of the original equipment. Recently, we have been experiencing considerable equipment breakdown. This replacement program was initiated during the past year, and we are looking forward to the improvement of the physical environment at Maplewood Manor.

Maplewood Manor continues to provide for nursing care and personal and supervisory care. During the past year, the Department and the Manor staff investigated the possibility of converting a wing in the personal and Supervisory Care section to provide for nursing care. Increased demand for nursing care beds continue from the area and it is the opinion of this division that one way to address this increasing demand for nursing care beds is the conversion of a personal and supervisory care wing to a nursing wing.

SUMMERSET MANOR:

During the past year a respite care bed was established at Summerset Manor and this bed has been filled since it was designated.

The Day Care Program for Seniors at the manor broadened its range of services in order to accommodate the needs of the present and potential participants. This program continues to provide for the nursing needs of the day residents and also strives to meet the social needs as well.

I would like to bring your attention to the fact that during the past year Summerset Manor earned a three-year Accreditation Award. This achievement indicates that Summerset Manor is providing exceptional services in the care of the elderly.

Summerset Manor has engaged in a series of "family night" programs throughout the year and these meetings will be continued into next year. The Manor reports that this is

good public relations strategy and an opportunity to inform and involve family in the care of Manor residents.

WEDGEWOOD MANOR:

The last year has been the first full year of operation for Wedgewood Manor. This manor has taken a very active part in providing training experiences for individuals in the community. For example, Wedgewood Manor was involved in the following programs: Job Exposure (8 trainees); Job Readiness Program (4 trainees); Young Offenders Diversion Program (3 participants); On the Job Training and Career Exploration Program (4 trainees); Work Readiness Program (2 trainees); and Temporary Assignment Program (1 participant). The Manor also utilized other programs successfully and were able to obtain grants from the New Horizons Program and the Secretary of State of the Federal Government.

The Manor has completed a set of Policy and Procedures Manuals and a manor-wide Quality Assurance Program is in place and progressing very well. All this activity, of course, is in preparation for Accreditation which I expect will be a goal of Wedgewood Manor in the next fiscal year.

Wedgewood Manor is very active in staff training and development and has conducted several in-service training sessions as well as taking advantage of the many training sessions offered by the Civil Service Commission.

The decision to develop a safety unit for confused and wandering residents at Wedgewood Manor has proven to be a good decision. This unit serves residents with these particular needs from the Prince County area. I am pleased to report that within this Unit, freedom and independence are promoted rather than restraint either chemically or physically.

This manor has made considerable progress during the past year and management are to be congratulated for such a fine effort in such a short period of time.

PRINCE EDWARD HOME:

1985-1986 was the year that could best be described as historical. It was the year the Provincial Home for the Aged ceased functioning as long term care facility and the Prince Edward Home, formerly the Prince Edward Island Hospital, took on the role of a long term care facility. The transfer of residents to this new facility took place on May 7, 1985, with the official opening held on September 5, 1985. I am pleased to report that the residents have adapted very well to their new environment which provides them with greater privacy and more pleasant surroundings. Staff, too, are also pleased with their new working environment and they are able to enjoy more fully all the amenities the facility has to offer.

The Brecken House Day Program experienced a significant increase in referrals and client participation. This fact can directly be attributable to the publicity received when it moved to its new location.

The Meals on Wheels Program grew substantially during the year. The number of meals served daily doubled in number with the maximum number to be served set at 35 per day.

Having moved to this new facility, the staff have initiated a process to prepare for Accreditation with the survey to be conducted in the next fiscal year.

BEACH GROVE HOME:

Construction on the replacement of the present Beach Grove Home began in the spring of 1985. During the past year, staff of the Home have been privileged to work with

representatives from Public Works, the architect, the interior designer and the consultants from Central Office on this building project. The Administrator has ensured that the residents and staff of Beach Grove Home have been involved in the process and are well prepared for the move to the new facility. This move will take place in the fall of 1986.

The layout and structure of the new building necessitates some organizational changes in the Departments of Nursing and Environmental Services.

I would like to bring your attention to the fact that workers compensation days were up significantly during the past year. These days were primarily due to a few people who were out for extended leave. To address some of these problems, the Home has purchased three new patients lifts for use with heavy residents with the hope that this will reduce the number of back injuries in the future.

Like other facilities, Beach Grove Home participated in providing for On-the-Job Training for trainees from the community. Beach Grove participated in Job Creation programs, Job Re-Entry Programs, Student Placements in the Special Life Skills class, Dietetic Interns, Holland College Resident Care Worker Program and P.E.I. School of Nursing.

A significant change in the nursing department at Beach Grove Home was the initiation of the team nursing concept. In this model, the L.N.A. serves as team leader for the resident care worker. The Administrator reports there has been a demonstrated improvement in the delivery of care under this new service delivery model.

It is anticipated that the managment of Beach Grove Home will be applying for Accreditation in the next fiscal year. During the past year, they have been preparing themselves for this Accreditation Survey. The division is most supportive of this initiative.

RIVERVIEW MANOR:

Once again, Riverview Manor has been successful in achieving a standard of care at the Manor and were awarded a three-year Accreditation Certificate from the Canadian Hospital Association. This reflects highly on the quality of care at this facility.

The newly formed Hospice of Southern Kings County Inc. was provided with office space at the Manor. The Meals on Wheels Program in the area also uses the Manor for a base for operation.

I am particularly impressed with the quality of services at this manor. The various department heads and the administrator are to be congratulated on this fine effort. The high quality of care is obvious when one enters this facility. The grounds and building are well maintained, the interior is nicely decorated, the quality of the food is excellent, the staff appear to be enjoying their work and the health of the residents all indicate an excellent service at this manor.

COLVILLE MANOR:

Colville Manor like Maplewood Manor has implemented an equipment replacement program. The solarium has been furnished with proceeds from the memorial equipment fund and that area is now being used for family visiting, meetings, and an area to hold in-services and community courses.

During the past year, the Manor van has been fitted with a lift and a raised roof. This was a major event for the residents as for the first time we can take wheelchair residents out for drives in comfort.

Colville Manor is presently working on their Accreditation renewal and will be applying for survey in the next fiscal year.

I would like to bring your attention to the levels of care provided at this facility. Our records indicate that the level of care at Colville Manor is higher than at any other facility in our nursing home sector.

DR. ERIC FOUND HEALTH CENTRE:

During the past year there were 24 admissions to the palliative care unit and one readmission. The average length of stay in this unit is 32 days. The goal is to establish 8 palliative care beds and during the year the Centre has been able to establish 7 of these 8 beds. The Palliative Care Unit is primarily occupied by terminal care patients with a waiting list of about 8-10 people.

No admissions were made to the short-term Convalescent Care Unit which is intended to serve 15 patients. The Centre expects to begin to admit to the Convalescent Unit in the new fiscal year.

The Centre now employs an Occupational Therapist on a one-half time basis. The Occupational Therapist provides the Centre with professional direction and was instrumental in developing and introducing some residents to computer training. As the Centre moves into providing convalescent care, there will be an increasing need for an examination for the rehabilitative service provided at this Centre.

HILLSBOROUGH HOSPITAL AND SPECIAL CARE CENTRE:

Major activity this year was the movement into the new 80 bed facility. As in the previous two years, a great deal of re-organizing and patient movement took place and as before, patients and staff must be complimented for the way in which they cooperated and assisted.

The major concern at Hillsborough Hosptial and Special Care Centre is the lack of facilities to discharge patients to and the overcrowding which continues on the admission and acute treatment wards at this facility. The authorized bed complement is 191 and the daily census is often as high as 195.

During the past year a Role Study was conducted at Hillsborough Hospital. The purpose of this role study was to conduct an internal review of the facility and to determine the direction which the facility should take for the next 5-10 years. The recommendations of the Role Study will be presented to the department and it is anticipated that action of the recommendations will take place in the next fiscal year.

Administration at Hillsborough Hospital report that the self-contained Adolescent Unit provides a more efficient and effective way of treating "problem adolescents". However, security is a concern in the Adolescent Unit. Although the Adolescent Unit is categorized as an open custody unit, administration believes that improvements to the security of the Unit are required.

The new facility has greatly improved the delivery of services in the dietary department. The centralized food service has improved the efficiency and productivity of the Unit.

The In-Service department reports that staff representing all departments participated in approximately 2,300 hours of inservice training. The primary focus was for staff of the nursing department, with an approximate average of 12 hours of class per staff member. For example, 23 nursing attendants were involved in a program of 15-20 hours duration in Human Relations Skills. Ten staff participated in a 9-hour course on Group Therapy.

The Nursing Department has been active in preparing for Accreditation. As a part of this process, the Nursing Department personnel have chaired the following committees:

Professional Advisory Committee; Infection Control Committee; Occupational Health and Safety Committee. the Nursing Department is also represented on the Pharmacy Committee.

In the Occupational Therapy Department an experimental group has been started using sensory integration techniques to try to develop attention span and dexterity in those patients who at present have very little functioning ability.

OCCUPATIONAL THERAPY CONSULTANT:

The Occupational Therapist is responsible for the organization and facilitation of monthly Activity Director meetings as well as serving as coordinator of the monthly meetings of the Directors of Environmental Services. Regular visits are made to the nine facilites of the Division for consultation with the administrators and departmental managers on rehabilitation and activation issues, quality assurance, environmental and equipment adaptations related to resident disability, individual assessment, and case planning for residents. She also provides some consultations to private licensed nursing homes and Community Care Facilites in activation programming.

I would like to bring to your attention the role the Occupational Therapist has had on special projects and committees such as: Chairperson, Role Study on Hillsborough Hospital and Special Care Centre; Chairperson, Review of the Day Program for Seniors at Summerset Manor; Chairperson, Review of the Guidelines for Day Programs for Seniors on P.E.I.

NURSE CONSULTANT:

The Nurse Consultant has been very active in the area of in-service education, both within the Division and outside the Division. She has given workshops to L.N.A. students and the Association of Nurses of P.E.I. She has participated in "Philosophy of Care" workshops withing the Division of Aging and Extended Care. In addition, she participated in seminars on Women and Aging, Sexuality and Aging, Drugs and Aging, Depression and Aging, and Resident Care Plans. She also organized an extensive two day workshop on Care of the Elderly.

The Nursing Consultant has also been active in working with Public Works, the architect and interior designer of the new Beach Grove facility. Her assistance to these individuals has been most valuable. The nurse consultant has been promoting quality assurance programs in our various manors and as well completed a study on the level of care outlining the present and future needs in the nursing departments of the homes and manors. Presentations of this study were made to Executive Council.

The Nurse Consultant played a very active role in the development of a Divisional budget. After completion of this project, she spent considerable time in working with the various administrators on developing accurate forecasting procedures.

COMMUNITY CARE FACILITIES:

I would bring your attention to a separate annual report as prepared by the Community Care Facilites Board.

PLACEMENT OFFICERS:

There was an increase of 26.7 percent in new referrals during the year 1985-1986. We are experiencing approximately 50 new referrals each month and this adds considerably to the work load of our two placement officers who are responsible for providing services across the province. The demand for nursing care beds throughout the province, with the exception of the Souris area, is extremely heavy.

There is also great concern over the extended lengths of stay at the general hospitals as the availability of nursing care beds in the community appears insufficient to meet the current demand.

It is my opinion that a third placement officer is now required for the Division and I will be working toward that goal in the next fiscal year.

In summary, it has been an extremely busy and eventful year. I believe we have made progress on many fronts but there is a great deal of work yet to be done. I want to personally thank you, Mr. Deputy Minister, for your support and direction during the past year. You are a pleasure to work with.

MANAGEMENT SERVICES DIVISION

Rick Callaghan, Director

The Division of Management Service is a support Division — it provides support to all other divisions in the Department in the areas of personnel, finance, administration, audits, word processing and management information systems.

Personnel — This unit was involved in all personnel matters in the Department such as coordination of staffing, classification reviews, collective bargaining, staff development and training, liaison with the Civil Service Commission, Treasury Board, and Executive Council.

Canada Assistance Plan — The CAP Coordinating Committee held seven meetings during the year. The Committee is chaired by the Director of Management Services and has a membership of five. The purpose of this Committee is to coordinate all activities relating to CAP. The Committee worked on cost sharing issues with Computer Services, Pharmacy, Addictions and Child Care Facilities.

Health Manpower Planning — The Director is responsible for Health Manpower Planning on a Federal/Provincial level and represented the Province at meetings held to deal with manpower issues for all health occupations, and particularly with Physician Manpower and Dalhousie Medical School. Prince Edward Island hosted the semi-annual Federal/Provincial Advisory Committee on Health Manpower meeting held in June of this year.

Word Processing — The Division obtained a new Sperry Word Processor in early December. The key operator and the supervisor of this service attended a two day training course made available by Sperry. Demonstrations of the Word Processor were conducted by the key operator and were well attended by personnel from all divisions of the Department.

Audit Section — This year was marked by the retirement, after fifteen years of service, of Mr. Erwin Andrew, the Senior Case Auditor. Mr. Geoff Erving, who comes to the position with eleven years of administrative experience with the Dental Division, assumed Mr. Andrew's duties. The year was also marked by the expansion of the mandate of the Audit Section into the field of administrative audits. The conduct of both financial assistance and administrative audits continues to identify areas in which improvements in the delivery of services can be effected

Management Information System — Work is still being done on the Emergency Prescription Billing System to enable the system to become problem free and to be transferred from development to production in the Computer Services Division of the Department of Finance. The LOTUS 1-2-3 program is being used to develop programs to replace the time-consuming manual work involved in some forecasting procedures. Codes and procedures were devised to incorporate the Job Creation and Mental Retardation programs as services to clients. Two automatic rate changes were programmed and run for Food, Clothing, Household and Personal Allowance (FCHP) and for Room and Board rates for Hillsborough Hospital placements. The MIS Coordinator attended the Fourth National Social Services MIS Workshop in Edmonton in February.

DIVISION OF VITAL STATISTICS

Gloria Melanson, Director

Purpose

The primary function of the Division of Vital Statistics is to provide a central office for the registration of births, deaths, marriages, adoptions, divorces, stillbirths and changes of name. The Division also provides regular statistical analyses on this data as well as ad hoc reporting as required.

The collection of registrations is decentralized to 19 main population centres. Deputy district registrars forward registrations to the director of Vital Statistics for permanent filing.

The Division is also responsible for collecting the occurrences of various communicable diseases from Island Physicians and forwarding the totals to the Chief Health Officer. These statistics are used in epidemiological studies.

A detailed report of various vital statistics entitled "P.E.I. Department of Health and Social Services' Vital Statistics Annual Report" is printed under separate cover.

REGISTRATIONS, CERTIFICATES AND OTHER DOCUMENTS PROCESSED BY THE DIVISION OF VITAL STATISTICS

(These figures are based on the calendar year)

	1984	1985
Registrations accepted under the Vital Statistics Act:		
Birth registrations	1,940	1,984
Marriage registrations	1,057	956
Death registrations	1,077	1,084
Stillbirth registrations	11	19
Adoption orders	86	74
Divorce decrees	196	214
Delayed registrations	61	60
Total registrations accepted	4,428	4,391
Legitimations of birth	64	79
Corrections/Amendments made	382	380
Changes of name recorded under Change of name recorded under Change of Name Act	72	72
Certificates issued under the Vital Statistics Act:		
Birth (Short form or plastic)	5,541	5,367
Birth (Long form)	351	308
Marriage	485	490
Death	618	547
Total Certificates	6,995	6,722
Marriage Licenses issued under the Marriage Act	1,065	958

VITAL STATISTICS

Prince Edward Island, 1980 — 1984

	1980	1981	1982	1983	1984
Population ('000's)	123.9	122.5	122.8	124.0	125.7
Live births by residence*	1,958	1,897	1,924	1,907	1,954
Rate per 1000 population	15.8	15.5	15.7	15.4	15.5
Live births by occurrence*	1,954	1,868	1,917	1,883	1,940
Rate per 1000 population	15.8	15.2	15.5	15.2	15.4
Deaths by residence	989	992	980	1,050	1,109
Rate per 1000 population	7.9	8.1	8.0	8.5	8.8
Deaths by occurrence	1,000	972	947	1,016	1,077
Rate per 1000 population	8.1	7.1	7.7	8.2	8.6
Natural population increase	969	905	944	857	845
Rate per 1000 population	7.8	7.4	7.7	6.9	6.7
Stillbirths					
20 to 27 weeks gestation	2	5	2	5	1
Rate per 1000 live births	1.0	2.5	1.1	2.7	.5
28+ weeks gestation	10	9	13	18	10
Rate per 1000 live births	5.1	4.1	6.9	9.6	5.2
Maternal deaths	1	0	0	0	0
Rate per 1000 live births	.5	-	-	-	-
Marriages	939	849	855	938	1,057
Rate per 1000 population	7.6	6.9	7.0	7.6	8.4
Divorces	101	182	206	216	196
Rate per 100,000 population	81.5	148.6	167.8	174.2	155.9

* "By Residence" means the death or birth of P.E.I. resident which occurred either on P.E.I. or elsewhere.

EMERGENCY WELFARE SERVICES

Carl Cooper, Director

The authority of organizing and providing Emergency Welfare services within the province is derived from the Emergency Measures and Disasters Act (1959). Our aim is the organizatiоn of such services as will meet the essential survival needs of people following a disaster and to provide temporary rehabilitation assistance until regular pre-disaster welfare services resume operation or until other plans and programs come into operation. In addition, we are responsible for emergency services to holiday visitors from mid-June to Labour Day weekend.

During the period 1 April 1985 to 31 March 1986, twenty-two persons attended the emergency training courses at the Federal Study Centre at Arnprior, Ontario. Of these twenty-two persons, eleven were employees of the Department of Health and Social Services and eleven were employees of nursing homes throughout the Province. One person attended the Course for Instructor-Special Care Facility and one attended the course conducted in French.

These Courses are designed to facilitate planning methods for the five responsibilities of Emergency Welfare Services; namely, feeding, clothing, lodging, special services, and registration and inquiry. Emergency Planning Canada Courses are totally funded by the Federal Government.

WELFARE ASSISTANCE APPEALS BOARD

George Cheverie, Chairman

In accordance with the Welfare Assistance Regulations, I am submitting the Annual Report of the Board for the year ending 31 March 1986.

During the period 1 April 1985 to March 1986 the Board conducted 26 sittings, in which 29 appeals were received. There is no significant change over the previous twelve month period. Of these 29 appeals, 10 were allowed, and 19 were dismissed. There were no appeals withdrawn. The ratio of appeals allowed to appeals dismissed remained approximately the same as in the previous year. The Board considers this to be a sufficient and significant reason for the existence of an appeals system within the administration of social services.

Early in the year, the Board met in seminar for the purpose of familiarizing themselves with the amended Regulations, and to induct new members to the operations of the Department and the procedures of the Board.

The Board extends its thanks and appreciation to all levels of the staff of the Department for their continuing courtesy and assistance.

DIVISION OF HOME CARE AND SUPPORT

Verna Bruce, Director

After a decade of planning by many committed individuals, a coordinated program of Home Care and Support was established during this year.

The major components of a Home Care and Support program had existed in the Department and hospitals for several years. Both the Home Care Nursing Program in the Division of Nursing and the Visiting Homemaker Program in the Division of Child and Family Services had functioned for more than a decade and were well established. The Community based Services for the Elderly program was relatively new and was operating from the Division of Aging and Extended Care. O.T.'s had developed a community focus almost a decade ago, and were functioning under minimal structure within the hospital system. Physiotherapists were well established in the hospital system but had relatively few demands from the community.

There appeared to be a general consensus that these services should be combined "under one roof" organizationally. The increased potential for coordination, combined with some new funding, would relieve some of the pressure on existing services and provide the stepping stone for future developments.

As a result, the first step was to transfer into the new Division all of the Home Care Nurses, approximately 70% of the Visiting Homemakers, and the staff of Community Based Services for the elderly. Negotiations began to transfer the Community O.T.'s from the hospitals, and a purchase agreement was finalized for Physiotherapy services. The Federally-funded project "Educational Programs on Aging" transferred into the Division along with its Director who was also managing Community Based Services for the Elderly. The success of this project became evident over the year in terms of both Intergenerational Programs and Training for Service Providers.

The new funding allocated to Home Care and Support was used to recruit two permanent Community Support Workers, one permanent Home Care Nurse, eight casual Visiting Homemakers, five casual Home Care Nurses and three part-time secretaries.

In order to focus the development of some of the community based support services, a contract was signed with the Canadian Red Cross Society, P.E.I. Division in January. Red Cross has the potential to play a major role in several selected volunteer services.

The services operated under the Division for only two or three months of this year. The potential of this integrated service delivery system will become more evident in the year ahead.

PURPOSE

The purpose of Home Care and Support is to ensure that certain health, social and community support services are made available to individuals and their families. The services may help people to remain in their own homes or to return to their homes if they have been receiving care in a hospital or other setting.

The services of Home Care and Support are intended to help people help themselves. They are not a replacement of what the family or community normally does for itself. They are intended to help in a crisis, to relieve family caregivers, or to offer additional support.

OBJECTIVES

To ensure the development of services which can provide an alternative to unnecessary, premature or prolonged placement of persons in institutional care.
To relieve excess strain on family members or other persons providing care and in so doing, prevent the breakdown of a desirable living arrangement.
To involve community organizations and volunteers in the provision of specific home support services.
To provide educational programs for the general public on the needs of clients and the services available.

SERVICES

The Home Care and Support program operates, purchases, or supports the development of a range of services to be provided to persons in their own homes and communities. The service can be categorized into 5 major types:

(1) Home Nursing Care — Home Care Nurses provide basic nursing care at home on a visiting basis and as prescribed by a physician. The kinds of care include injections, dressing changes, ostomy care, foot care, catheter insertions, blood pressure monitoring, assessments, health supervision and health education. By the end of the year, intravenous therapy and specialized respite had been offered on a trial basis, and with excellent results.

Nurses from the Division visit the 7 hospitals on a regualr basis to identify and plan for patients who may require Home Care Nursing upon discharge.

(2) Visiting Homemakers — The Visiting Homemakers provide services for those who cannot perform basic activities themselves. The types of services can be categorized as personal care (involving a wide range of activities), tidying and cleaning, laundry and mending, meal preparation, accompaniment, and supervision.

Referrals for the Visiting Homemaker service may come from any source. An assessment is done to determine the amount of service required and a means test is used to determine the rate a client must pay, according to a sliding fee scale.

The Visiting Homemaker program is in great demand, and has the highest volume of new referrals each month.

(3) Community Support Services — Each region has a Community Support Worker who assesses the needs of clients in the community and assists them in accessing and setting up service and supports which will enable them to remain in the community as long as possible. The worker will continue as necessary to monitor the progress and maintain follow-up of individuals and will ensure that arrangements meet changing needs.

Where required resources are not available or sufficient, the Community Support Worker will work with community agencies, private sources, and government personnel to establish and develop programs and services to meet those identified needs. Examples of the types of community services include chores and handyman services, daily telephone contact, day programs, family relief, friendly visiting, home deliveries, in-home help, meals on wheels, living accommodations and transportation.

The Community Support Worker also has a major role in creating opportunities to inform and educate the public on subjects relating to services, needs, and the philosophy of service delivery.

(4) Occupational Therapy - Regional offices have access to O.T.'s who will provide services to clients in a community setting. These O.T.'s use activity to meet the clients' goals in selfcare, productivity, and leisure. After an assessment, treatments may be related to splinting, assistive devices, special equipment, architectural adaptations, disabled homemaker functions, arthritis education, hand function, selfcare and activities of daily living.

(5) Physiotherapy — This service is purchased from the hospitals when it is needed by clients in a community setting. When used as part of the Home Care and Support program, the physiotherapy usually involves an initial visit to teach techniques to the client, family or caregiver, and a follow-up visit to monitor progress.

The services of Home Care and Support are provided through regional offices. By the end of the year, the offices in Souris and Summerside had been operating for 3 months and the offices in O'Leary and Charlottetown had been operating for 2 months.

REGION 1 — WEST PRINCE

John Martin, Regional Director

The introduction of the Regional Division of Home Care and Support into West Prince can be best described as "well accepted". The community seemed quite aware of the Division's arrival and anxiously anticipated its commencement of operation.

The month of February was occupied with "setting up" the physical space within the O'Leary Medical Center, i.e. furniture, phones, and working out formal and informal systems and supports with Regional Service Centre and Community Hospital staffs.

HOMEMAKER SERVICES

Homemaker service transferred into Home Care and Support effective February 4, 1986. The cooperation of Child and Family Services and the Homemaker staff themselves, ensured a very smooth transition.

Caseload information for the 2 months of operation is as follows:

Clients Carried Into Division	Total New Clients	Total Discharged	Total Reopened
89	9	7	3
	Ages		
0-18	19-44	45-64	65 +
0	6	9	86

Note: 4 clients refused the service and 4 were referred to another Division.

HOME CARE NURSING

The re-introduction of Home Care Nursing Services to West Prince seemed welcome by the community, other professional services and Public Health Nursing. Nursing staff commenced their duties by mid-March. By the end of March, Public Health Nursing had transferred its entire caseload of Home Care Nursing to Home Care and Support.

Hospital and Home Care and Support team liason were enthusiastically welcomed by both West Prince Hospitals and Home Care and Support staff.

Home Care Nursing services will be provided through casual nursing staff with twenty

(20) hours of nursing available per week. Careful scheduling will be of the utmost importance in meeting the full range of nursing needs.

Caseload information for the 2 months of operation is as follows:

Clients Carried	Ages			
Into Division	0-18	19-44	45-64	65 +
38	0	1	1	36

COMMUNITY SUPPORT SERVICES

The role of Community Support Services began to take its shape in West Prince. This position is shared with the Regional Director position, therefore it compliments an "interdisciplinary team" approach very well.

Not only have the involvements been at an "individual client" level but have included community and organizational participation, i.e. presentations and enquiries with churches, voluntary organizations, the Regional Service Center Advisory Board, departmental staff such as Child and Family Services, Maplewood Manor, etc. Participation in the development of services has been part of this role as well, i.e. West Prince Hospice, and St. Edwards Community Center Housecleaning for Seniors.

Given the broad mandate of the service, it is expected that its use will greatly increase as knowledge of the Divison is disseminated throughout the Region.

Caseload information for the 2 months of operation is as follows:

	Ages	
Total Number of Clients	45-64	65 +
8	2	6

The West Prince Region of Home Care and Support is offering a coordinated approach to service provision and family support development within people's homes. The individual roles of team members have been well defined and understood. The community perception of Home Care and Support has been very positive and supportive.

REGION 2 — SUMMERSIDE

Jeannita Bernard, Regional Director

January 1986 saw us begin as a new office of "Home Care and Support". Our offices were established in the Health Centre on Linden Avenue and a total of 314 cases from the various transferring services became the existing caseload of the newly established Summerside office of Home Care and Support.

The first few months were spent trying to come together as a team while giving public relations sessions to different agencies and institutions. The caseload progressively increased as people became more aware of who we were and what we did; therefore, there was an increasing need to locate and develop community resources who would be able to relieve the pressure on some of our staff resources.

We had our official opening on March 26th and we had quite an impressive number of seniors (approx. 60). This provided an opportunity for the public to visit our location as well as obtain information on our services. This led to a certain increase in the number of referrals made to our division. As a result, we had to make sure we, 1) carried out more careful screening procedures, 2) made more efficient use of our existing staff's time and 3) increased our available resources in the community, i.e. volunteers, in-home-support workers, etc.

The trend of Home Care and Support seems to be going towards increased community involvement. Referrals have certainly increased and requests for information about our services are dealt with on a reuglar basis.

Caseload information for the 3 months of operation is as follows:

	Cases Carried In	Total Number New	Total Discharged	Total Reopened	Total Refused
Visiting Homemaker	191	15	29	19	3
Home Care Nursing	74	24	14	7	-
Community Support Worker	49	20	8	-	-

Age of Client	0-18	19-44	45-64	65+
Visiting Homemaker	0	18	12	166
Home Care Nursing	1	7	23	60
Community Support Worker	0	1	9	51

REGION 3 — CHARLOTTETOWN

Arlene Mamye, Regional Director

The Division of Home Care and Support became operational in the Charlottetown Region February 3, 1986. The biggest challenge facing the new division was to orient staff to the philosophy, goals and objectives of the Division, as well as create an environment that fosters the team spirit approach and encourages the utilization of all our staff's resources. Staff appear enthusiastic and committed to this challenge. It is felt that the first year will be a learning and growing experience for all of us, as we monitor requests, identify gaps in services, and predict future needs.

The Homemaker Service continues to be a demanding one, with daily requests for services. Because of our limited resources, our assessment and screening process encourages clients to utilize family supports whenever possible. If they are able to pay minimum wage, then they are encouraged to hire privately with our division providing referral names. The demand for this service fluctuates with considerable turnover of clients. It is a difficult program to implement as we cannot always predict the need for service. This program is presently provided Monday to Friday between the hours of 8 a.m. and 4 p.m. Some of our clients could definitely utilize this service on weekends, if it were available; and I feel that there will soon be a need for limited weekend services.

The Home Care Nursing Program remains quite stable with the majority of referrals coming from doctor's offices and the Queen Elizabeth Hospital. In the past three months we have provided support to the Hospice Association for two terminally ill clients who were discharged from the Queen Elizabeth Hospital to their homes on I.V. therapy. Both these situations worked out quite well, with the home providing a real therapeutic value for the clients as well as the family. We feel that there will be an increase in demand for this type of service in the future. We continue to provide a relief nurse on weekends to perform essential services. There has been no great demand for evening nursing services to this point in time.

The Community Support Worker came on staff in February and has been busy educating government, community agencies, and voluntary groups on the role of the Community Support Worker. During the coming year we hope to be able to plot community support requests into definite areas and from there begin development of community services.

There appears to be considerable demand for occupational therapy services, particularly around the area of assessments and environmental safety aids. To date, requests for in-home physiotherapy services are quite limited.

Although our division is relatively new, I feel we were most fortunate to obtain experienced staff who are committed to working with clients in the community. We will continue to motivate and challenge staff by offering ongoing in-service training, involvement in general case planning and regular staff meetings.

Caseload information for the 2 months of operation is as follows:

	Cases Carried In	Total Number New	Total Discharged	Total Reopened	Total Refused
Visiting Homemaker	115	40	44	4	-
Home Care Nurse	123	55	63	15	-

REGION 5 — SOURIS

Pauline Peters, Regional Director

The Home Care and Support Division in Souris opened its doors on January 6, 1986. Although services had been available prior to Home Care and Support being in place, the realignment of services under Home Care and Support meant a lot more due to the "TEAM CONCEPT". Almost immediately the results were being felt by clients and staff. This approach is the key to the success of the Program.

It was well accepted by the community as evidenced by an increasing number of referrals and drop-ins to the office. Statistics also show that 80% or more of the cases were over the age of 65 years, which was also a new trend for this region.

It is apparent that families are getting support from the community, volunteers, and other family members, as the number of hours spent in a client's home was reduced in most cases, from full-days to several hours a day. This required guidance and support from all our Team and continues to be an important part of our program.

Caseload information for the 3 months of operation is as follows:

	Cases Carried In	Total Number New	Total Discharged	Total Reopened	Total Refused
Visiting Homemaker	16	24	13	7	10
Home Care Nurse	21	10	8	1	-
Community Support Worker	43	12	15	-	-

APPENDIX

DEPARTMENT OF HEALTH AND SOCIAL SERVICES
SUMMARY OF REVENUE AND EXPENDITURE
For the Period April 1, 1985 to March 31, 1986

	Revenue	Expenditures
Departmental Management	$ 20,981,200	$ 1,271,300
Pharmacy	45,200	1,394,900
Oncology	-	109,500
Dental Public Health	30,900	1,371,800
Community Mental Health	-	964,500
Nursing	11,200	1,213,500
Community Hygiene	-	226,300
Home Care and Support	12,300	1,533,300
Community Rehabilitation Services	3,600	2,338,400
Job Creation and Placement	-	1,265,400
Child and Family Services	65,900	29,175,800
Group Homes	8,200	1,681,000
Aging & Extended Care	5,510,000	24,775,900
	$ 26,668,500	$ 67,321,600